United Nations A/S-26/PV.1

General Assembly

Twenty-sixth special session

Official Records

1st meeting
Monday, 25 June 2001, 9 a.m.
New York

President: Mr. Harri Holkeri .... (Finland)

The meeting was called to order at 9.10 a.m.

Item 1 of the provisional agenda

Opening of the session by the Chairman of the delegation of Finland

The Temporary President: I declare open the twenty-sixth special session of the General Assembly, on HIV/AIDS.

Item 2 of the provisional agenda

Minute of silent prayer or meditation

The Temporary President: I invite representatives to stand and observe one minute of silent prayer or meditation.

The members of the General Assembly observed a minute of silent prayer or meditation.

Scale of assessments for the apportionment of the expenses of the United Nations (A/S-26/3)

The Temporary President: I should like, in keeping with the established practice, to invite the attention of the General Assembly to document A/S-26/3, which contains a letter addressed to the President of the General Assembly by the Secretary-General, in which he informs the Assembly that 16 Member States are in arrears in the payment of their financial contributions to the United Nations within the terms of Article 19 of the Charter.

I should like to remind delegations that, under Article 19 of the Charter,

> "A Member of the United Nations which is in arrears in the payment of its financial contributions to the Organization shall have no vote in the General Assembly if the amount of its arrears equals or exceeds the amount of the contributions due from it for the preceding two full years."

May I take it that the General Assembly duly takes note of the information contained in this document?

It was so decided.

Item 3 of the provisional agenda

Credentials of representatives to the special session of the General Assembly

(a) Appointment of the members of the Credentials Committee

The Temporary President: Rule 28 of the rules of procedure provides that the General Assembly, at the beginning of each session, shall appoint, on the proposal of the President, a Credentials Committee consisting of nine members.

In accordance with precedents and with General Assembly resolution 55/242 of 22 February 2001, the Credentials Committee of the twenty-sixth special session should have the same membership as that of the

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fifty-fifth regular session of the Assembly, namely, the Bahamas, China, Ecuador, Gabon, Ireland, Mauritius, the Russian Federation, Thailand and the United States of America.

If there is no objection, I take it that the Assembly decides to appoint those States members of the Credentials Committee.

It was so decided.

The Temporary President: In this connection, may I invite the attention of the members of the Assembly to a note verbale from the Secretary-General, dated 26 April 2001, in which it was stated that credentials should be issued for all representatives to the special session, in accordance with rule 27 of the rules of procedure of the General Assembly.

I would urge all members to submit the credentials of their representatives to the Secretary-General as soon as possible.

Item 4 of the provisional agenda

Election of the President

The Temporary President: The Assembly decided in its resolution 55/242 that the twenty-sixth special session should take place under the presidency of the President of the fifty-fifth regular session, Mr. Harri Holkeri of Finland.

I take it that the Assembly wishes to elect Mr. Holkeri President of the General Assembly at its twenty-sixth special session by acclamation.

It was so decided.

The Temporary President: I extend my sincere congratulations to Mr. Harri Holkeri and invite him to assume the presidency.

I request the Chief of Protocol to escort the President to the podium.

Mr. Holkeri took the Chair.

Statement by Mr. Harri Holkeri, President of the General Assembly at its twenty-sixth special session

The President: I should like to welcome you all to the twenty-sixth special session of the United Nations General Assembly.

I should like to thank Mr. Osmo Soininvaara, Minister of Health and Social Services of the Republic of Finland, for presiding over the opening of this meeting prior to my election to this position. I am most grateful and pledge to see this session to a successful conclusion.

Today the international community has gathered in this Hall to mount a global response to the worse epidemic in our history — that of HIV/AIDS. Unknown until 20 years ago, HIV/AIDS has turned into a crisis that touches us all and that needs action by every one of us.

Fifty-eight million people have become infected with the virus. Of these, 22 million have died, leaving families, communities and entire nations seriously affected. More than 36 million around the world are living with HIV/AIDS, and every single day another 14,000 people become infected. Despite consistent efforts to date, the epidemic continues its rapid spread on all continents. The statistics are overwhelming and difficult for us to comprehend. We simply cannot imagine 10 million children orphaned by AIDS, and the figure is expected to rise to 40 million in less than 10 years. It is hard to imagine that in some regions one in four or five adults is living with the virus and is likely to have his or her life cut short in its prime.

Today, at this special session of the General Assembly, we welcome the many courageous people - men and women - living with the virus who have come to New York and whose presence here makes this special session unique. The decision of the General Assembly, alarmed by the accelerating spread of the epidemic, to convene a special session of the General Assembly as a matter of urgency shows that the world is committed to intensifying efforts to contain the epidemic and tackle the crisis.

We can have the best technical strategies in the world to combat this disease and still make no difference if we do not have strong leadership. In this session we will galvanize political commitment and leadership. Such leadership is represented here today from all corners of the world and from all levels of our society. Prevention, care, treatment and support and the efforts to find a vaccine and care for children orphaned by AIDS are also critical. These are additional reasons why this special session is so important in the history of the epidemic. This special session is a landmark in the history of the United Nations. With our concerted efforts, we will be able to turn the tide and contain the spread of HIV/AIDS.

Preparing for this special session has been a Herculean effort for all of us, not the least for the two co-facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal. I wish to thank them wholeheartedly for their enormous and tireless work and effort. I regret to say that there still remains a difference in views on certain issues. I appeal to delegations to resolve the remaining issues.

Let me now call on the Secretary-General of the United Nations, His Excellency Mr. Kofi Annan.

The Secretary-General: We are here to discuss an unprecedented crisis, but one that has a solution: an unprecedented response from all of us. We are here to agree on the action we will take.

In the 20 years since the world first heard of AIDS, the epidemic has spread to every corner of the world. It has killed almost 22 million people. It has left 13 million children orphaned. Today, as we heard from the President, more than 36 million people worldwide are living with HIV/AIDS. Last year alone, more than 5 million people were infected. Every day, another 15,000 people acquire the virus.

In some African countries, it has set back development by a decade or more. And now it is spreading with frightening speed in Eastern Europe, in Asia and in the Caribbean.

Up to now, the world's response has not measured up to the challenge. But this year, we have seen a turning point. AIDS can no longer do its deadly work in the dark. The world has started to wake up.

We have seen it happen in the media and public opinion, led by doctors and social workers, by activists and economists; above all by people living with the disease. We have seen it happen among Governments. And we have seen it happen in the private sector. Never since this nightmare began has there been such a moment of common cause.

Never have we felt such a need to combine leadership, partnership and solidarity. Leadership is needed in every country, in every community and at the international level, where the entire United Nations system is now engaged.

All of us must recognize AIDS as our problem. All of us must make it our priority. Partnership is needed between Governments, private companies, foundations, international organizations and, of course, civil society.

Non-governmental organizations have been at the forefront of the fight against AIDS from the very start. All of us must learn from their experience, and follow their example. How right it is that they are playing an active part in this session.

Finally, solidarity is needed between the healthy and the sick, between rich and poor; above all, between richer and poorer nations.

Spending on the battle against AIDS in the developing world needs to rise to roughly five times its present level. The developing countries themselves are ready to provide their share, as African leaders pledged at the Abuja summit. But they cannot do it alone.

Ordinary people in the developed countries are now showing that they understand this. I urge their leaders to act accordingly. We must mobilize the money required for this exceptional effort and we must make sure it is used effectively. That is why I have called for a global AIDS and health fund, open to both Governments and private donors, to help us finance the comprehensive, coherent, coordinated strategy we need.

Our goal is to make the fund operational by the end of this year. I will continue to work with all the stakeholders to ensure that we meet that goal. Let me applaud those who have already pledged contributions. I hope others will follow their example, during and after this special session.

When we urge others to change their behaviour so as to protect themselves against infection, we must be ready to change our own behaviour in the public arena. We cannot deal with AIDS by making moral judgements or by refusing to face unpleasant facts, and still less by stigmatizing those who are infected and making out that it is all their fault.

We can only do it by speaking clearly and plainly about the ways that people become infected and about what they can do to avoid infection. And let us remember that every person who is infected — whatever the reason — is a fellow human being, with human rights and human needs.

Let no one imagine that we can protect ourselves by building barriers between us and them, for, in the ruthless world of AIDS, there is no "us" and "them".

My friends, to do all this we must change, if not for our own sakes, then for our children's. We must make this session of the General Assembly truly special and we must send the world a message of hope.

The President: I thank the Secretary-General for his statement.

Item 5 of the provisional agenda

Organization of the session (A/RES/55/242)

The President: In accordance with General Assembly resolution 55/242 of 22 February 2001, the following arrangements contained in the annex of the resolution shall apply to the twenty-sixth special session.

The Vice-Presidents of the twenty-sixth special session shall be the same as those of the fifty-fifth regular session of the General Assembly. The Vice-Presidents of the fifty-fifth regular session are the following Member States: Belarus, Bhutan, Burkina Faso, China, the Comoros, El Salvador, France, Gabon, Guinea, Haiti, Kuwait, Maldives, Mozambique, the Russian Federation, Suriname, Tunisia, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uzbekistan and Yemen.

If there is no objection, I shall take it that the Assembly decides to elect by acclamation those States Vice-Presidents of the twenty-sixth special session of the General Assembly.

It was so decided.

The President: Regarding the Chairpersons of the Main Committees of the twenty-sixth special session, the Chairpersons of the Main Committees of the fifty-fifth regular session shall serve in the same capacity at the special session.

The Chairpersons of the six Main Committees at the fifty-fifth regular session are the following: First Committee, U Mya Than of Myanmar; Special Political and Decolonization Committee (Fourth Committee), Mr. Matia Mulumba Semakula Kiwanuka of Uganda; Second Committee, Mr. Alexandru Niculescu of Romania; Third Committee, Mrs. Yvonne Gittens-Joseph of Trinidad and Tobago; Fifth Committee, Mr. Gert Rosenthal of Guatemala; Sixth Committee, Mr. Mauro Politi of Italy.

If there is no objection, I shall take it that the Assembly decides to elect by acclamation those representatives Chairpersons of the Main Committees at the twenty-sixth special session.

It was so decided.

The President: As concerns the First Committee, in the absence of its Chairman, Mr. Alberto Guani of Uruguay, Vice-Chairman of the First Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As concerns the Special Political and Decolonization (Fourth) Committee, in the absence of its Chairman, Mr. Patrick Albert Lewis of Antigua and Barbuda, Vice-Chairman of the Special Political and Decolonization (Fourth) Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As concerns the Sixth Committee, in the absence of its Chairman, Mr. Marcelo Vázquez of Ecuador, Vice-Chairman of the Sixth Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As members are aware, pursuant to Assembly resolution 55/13 of 3 November 2000, I appointed Ms. Penny Wensley, Permanent Representative of Australia to the United Nations, and Mr. Ibra Deguène Ka, Permanent Representative of Senegal to the United Nations, as co-facilitators.

In accordance with Assembly resolution 55/242, four round tables shall be held at the twenty-sixth special session. The Chairpersons of the four round tables shall be from the four regional groups not represented by the President of the General Assembly. They shall be selected by their respective regional groups. I should like to inform Members that the Chairpersons of the round tables are as follows: round table 1, The Right Honourable Denzil Douglas, Prime Minister of St. Kitts and Nevis; round table 2, Mr. Grzegorz Opala, Minister of Health of Poland; round table 3, The Honourable Dato' Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia; round table 4, Mr. Benjamin William Mkapa, President of the United Republic of Tanzania.

Regarding the General Committee, it shall consist of the President, the 21 Vice-Presidents and the Chairpersons of the six Main Committees of the twenty-sixth special session of the General Assembly, as well as the two facilitators and the Chairpersons of the round tables.

The General Committee of the twenty-sixth special session of the General Assembly has now been fully constituted.

We turn now to matters concerning the participation of speakers other than Member States in the work of the special session.

On the basis of General Assembly resolution 55/242, observers may make statements in the debate in plenary. A number of organizations and entities, having received a standing invitation to participate as observers in the sessions and the work of the General Assembly, may participate in the twenty-sixth special session as observers.

States members of the specialized agencies of the United Nations that are not Members of the United Nations may participate in the work of the twenty-sixth special session as observers. A limited number of these observers may also participate in each round table.

Heads of entities of the United Nations system, including programmes, funds, the specialized agencies and regional commissions, may make statements in the debate in plenary. The Executive Director of the Joint United Nations Programme on HIV/AIDS will be given the opportunity to make a statement early in the debate in plenary.

Entities of the United Nations system with specific expertise in areas related to the themes of the round tables will be invited to participate in the round tables.

In accordance with paragraph 16 of the annex to resolution 55/242, given the availability of time, a limited number of accredited civil society actors may make statements in the debate in plenary. The Assembly requested the President of the General Assembly, following appropriate consultations with Member States, to present the list of selected accredited civil society actors to Member States for consideration on a non-objection basis for final decision by the Assembly.

In paragraph 30 of the annex to the same resolution, accredited civil society actors with specific expertise in areas related to the themes of the round tables will also be invited to participate in the round tables. The Assembly requested the President of the General Assembly to conduct appropriate consultations with Member States and also with accredited civil society actors before presenting a list of selected accredited civil society actors that may participate in each round table to the Member States for consideration on a non-objection basis for final decision by the General Assembly.

As members are aware, the General Assembly, at its fifty-fifth session, did not reach an agreement on the list of selected accredited civil society actors to participate in the debate in plenary and in the round tables. In conference room paper HIV/AIDS/CRP.6, to which is attached, for final decision by the General Assembly, the list of selected accredited civil society actors for participation in the debate in the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, and subsequently revised by my letter of 21 June 2001 and orally corrected during the 104th plenary meeting of the fifty-fifth regular session of the General Assembly on 22 June 2001, was transmitted to all permanent missions on 23 June 2001.

In connection with the participation of civil society actors in round table 2, the General Assembly has before it document A/S-26/L.1. I should like to inform the Assembly that consultations are still under way regarding the list of selected civil society actors. We shall take up this matter again after we have heard the last speaker this morning.

There will be eight plenary meetings over the three-day period, with three meetings per day for the first two days: from 9 a.m. to 1 p.m., from 3 p.m. to 6 p.m. and from 7 p.m. to 9 p.m.; there will be two meetings on the last day: from 9 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.

I should like to inform the Assembly that I intend to start the plenary meetings promptly at 9 a.m., 3 p.m. and 7 p.m. In this connection I would like to assure the Assembly that I shall be in the chair punctually at the scheduled time. I sincerely hope that all delegations will make a special effort to cooperate in this regard.

With regard to the length of statements in the debate in the plenary, I should like to remind delegates that in accordance with Assembly resolution 55/242, all statements in the debate in the plenary shall be limited to five minutes. In connection with the time limits, a light system has been installed at the speaker's rostrum, which functions as follows: a green light will be activated at the start of the speaker's statement; an orange light will be activated 30 seconds before the end of the 5 minutes; and a red light will be activated when the 5 minute limit has elapsed.

In view of the large number of speakers already inscribed on the list, I should like to appeal to speakers in the debate in the plenary to cooperate in observing the time limits of their statements, so that all those inscribed on the list of speakers for a given meeting will be heard at that meeting.

I should now like to draw the attention of delegates to a matter concerning the participation of Palestine, in its capacity as observer, in the sessions and work of the General Assembly.

Members will recall Assembly resolution 52/250 of 7 July 1998 and its annex, as well as a note by the Secretary-General contained in document A/52/1002 that outlines the Secretary-General's understanding of the implementation of the modalities annexed to the resolution. I should like to draw your attention in particular to paragraph 6 of the annex to resolution 52/250, which reads as follows:

> "The right to make interventions, with a precursory explanation or the recall of relevant General Assembly resolutions being made only once by the President of the General Assembly at the start of each session of the Assembly."

Accordingly, for the twenty-sixth special session of the General Assembly, the observer of Palestine will participate in the work of the Assembly in accordance with Assembly resolution 3237 (XXIX) of 22 November 1974, resolution 43/177 of 15 December 1988 and resolution 52/250 of 7 July 1998, with no further need for a precursory explanation prior to any intervention by Palestine in this special session.

I should now like to report on the status of the draft declaration. Despite great efforts to reach agreement on the text of the draft declaration, regrettably, up until this moment no final agreement has been reached. I should like to inform the Assembly that it is my intention to submit the text as it stands now, to be issued as a document of the twenty-sixth special session of the General Assembly, for further consideration. As the special session is only for three days, I strongly appeal to Member States to continue with their informal consultations, with a view to reaching agreement on the text for action at our last meeting on Wednesday afternoon, 27 June.

Item 6 of the provisional agenda

Adoption of the agenda

The President: The provisional agenda of the twenty-sixth special session of the General Assembly is contained in document A/S-26/1.

In order to expedite its work, the Assembly may wish to consider the provisional agenda directly in plenary meeting without referring it to the General Committee. May I take it that the General Assembly agrees to this procedure?

It was so decided.

The President: May I take it then that the Assembly wishes to adopt the provisional agenda as it appears in document A/S-26/1?

It was so decided.

Agenda item 7

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now begin its debate on agenda item 7.

The Assembly will hear a statement by His Excellency El Hadj Omar Bongo, President of the Gabonese Republic.

President Bongo (Gabonese Republic) (*spoke in French*): We are gathered here once again to talk about AIDS and to seek together appropriate strategies to fight it. This disease, which has been spreading unbelievably for twenty years, particularly affects the developing countries and is ravaging their populations.

I feel obliged to pay particular tribute to you, Mr. Secretary-General, for your personal involvement and ability to mobilize the international community. This special session of the General Assembly on AIDS demonstrates not only your effectiveness in implementing the decisions of Member States, but also that we are on the right track.

Since the appearance of the first cases of AIDS, tremendous progress has been made in research by the major laboratories. Drugs that slow down the development of the disease exist, but this is not yet a victory. A treatment that cures and a vaccine that prevents have not yet been found. The laboratories thus must continue their research.

As regards access to treatment, the developing countries are still not able to obtain new treatments. But the spirit of fairness, of justice and of humanity demands that drugs be available to all.

In this spirit, while developing countries have a duty of support and involvement, the rich countries — which have the greatest responsibility not to betray humankind — have a duty of humanity and solidarity.

The global AIDS and health fund, a solidarity fund that will receive contributions from various sources — and I am thinking in particular of the richest countries — must be fully and swiftly operational. This fund will thus make it possible for developing countries to obtain up-to-date drugs and to continue strategies of prevention.

Thanks to this fund and its management, financing for research and access to drugs for developing countries, there will be new hope, particularly hope of finding a real treatment that will erase AIDS from the map of the world. Smallpox has disappeared; polio is vanishing; AIDS must also go.

In such a plan, Africa — and this was demonstrated recently at the Abuja Summit — is ready to assume its share of partnership in fighting AIDS. As regards Gabon, apart from standard preventive actions, we have created a solidarity fund to fight AIDS.

Now is the time for us to act together. It is an opportunity to show future generations that at a particular moment, in the face of a scourge threatening humankind, the world was able to react in "solidarity". Thus, for once in history, the word solidarity will have taken on its full meaning. Together, thus, in a committed and dynamic partnership, let us choose humankind.

The President: The Assembly will now hear a statement by His Excellency Mr. Festus Mogae, President of the Republic of Botswana.

President Mogae: I wish at the outset to commend the Secretary-General for his strong leadership in the struggle against HIV/AIDS, and in particular the initiative to establish the global fund to fight it. The HIV/AIDS pandemic is the most serious global challenge facing humanity at the present time. The convening of a United Nations special session of the General Assembly on HIV/AIDS is therefore fitting and opportune, but perhaps a little overdue. But if we act decisively, we can redeem ourselves.

HIV/AIDS poses a threat to global security and peace, as well as sustained development, through the reversal of development gains that the world has achieved. If resolute and concerted action is not taken against the spread of HIV/AIDS, the human death toll and suffering inflicted will be catastrophic.

Furthermore, if the HIV/AIDS pandemic is not contained, it will accentuate disparities in living standards between developed and developing countries. Developing countries, particularly the poorest, many of which are on the African continent — my continent — are also the countries least able to put into effect efficacious strategies to counter the pandemic. This is so because of their lack of human and material resources, underdeveloped health-care systems, lack of health research capacity, lack of social security and a generally low level of development, which is made worse by low rates of economic growth and declining levels of official development assistance.

The HIV/AIDS pandemic is severely limiting the development prospects of the affected countries through the loss of skilled human resources, declines in productivity and the reallocation of budgetary and human resources from development activities towards those related to the pandemic. The unchecked spread of the HIV/AIDS pandemic therefore poses a threat to the goal of the reduction of global poverty by half by the year 2015. Increased disparities in living standards between developed and developing countries are not acceptable, or at least they should not be acceptable.

In the global village in which we live today, which is characterized by high mobility of people across countries, no country is safe from the ravages of the pandemic. Therefore, it is in the interest of each and every one of us to ensure that we do everything in our power to eliminate the spread of HIV/AIDS in the quickest possible time and in the most effective way.

The international community needs to commit substantial financial and other resources to supporting strengthened HIV/AIDS prevention strategies, especially information, education and communication, including counselling and testing. It must also provide assistance to develop and extend social support systems to deal with the consequences of HIV/AIDS, support scientific research for AIDS drugs and vaccines, improve access to antiretroviral drugs for the poor and most affected countries, and make the drugs available at affordable prices on a sustained basis. Further, the international community should deal decisively with traditional, cultural and religious beliefs and practices that inhibit the fight against HIV/AIDS and, most importantly, ensure that the fight against HIV/AIDS does not come at the cost of sustainable development and improved living standards for developing nations.

In Botswana, the National HIV/AIDS Strategic Plan embodies a multisectoral approach and a close working relationship among the public and private sectors as well as non-governmental organizations (NGOs). The implementation of the plan is overseen by a committed leadership across the broad spectrum of our society. Our key prevention strategies include house-to-house counselling, behaviour change targeted at youths and other vulnerable groups, voluntary counselling and testing, and programmes to prevent mother-to-child transmission. A combination of hospitalization and community home-based approach is the cornerstone of care for AIDS patients and support for orphans, vulnerable children, and affected families. Treatment strategies include pain management and symptomatic treatment as well as the prevention and treatment of opportunistic infections. We shall shortly introduce antiretroviral treatment in our public health facilities to complement all these activities, as part of the strategy for fighting AIDS.

I appeal to the international community, NGOs, the private sector and humanity at large to do all that is necessary to avert the aggravation of human suffering, death and misery that the HIV/AIDS catastrophe brings to many people. Needless to say, substantial resources are necessary to mount an effective fight against the pandemic. This is an urgent matter which calls for immediate action and committed leadership.

Although not reflected in the United Nations system's film footage, at the Millennium Summit I devoted my entire speech to the issue of HIV/AIDS. I am gratified that the Secretary-General and his top officials were listening, as is reflected in their current positions.

In that respect, Botswana fully supports the proposal to establish a global fund for HIV/AIDS. It is encouraging to note that the United States Government and the Bill and Melinda Gates Foundation — and, I have been lately informed, the British and the French and others — have already taken the lead by pledging contributions to the fund. It is important for the fund to have criteria that will ensure that its resources are used to meet the needs of countries most seriously affected by HIV/AIDS, such as my own country. It would be unjust to exclude countries such as my own on account of perceived or supposedly high per capita income. The fund should have efficient and flexible rules of operation and mechanisms for the disbursement of the funds, and should give priority to the most affected countries.

I wish to conclude by stating that, without doubt, the challenge of the millennium is to reverse the effects of the pandemic, not only through prevention and care strategies but by meaningfully addressing the structural determinants, such as poverty and gender inequality, which exacerbate the spread of HIV/AIDS. I appeal to the world community to be innovative, bold and courageous in embracing and respecting that challenge. What is really required of us is a social revolution, a willingness to commit, to share and to prioritize: a social vaccine against harmful practices and the violation of human rights. We have the inner strength in our humanity to win this war. That is my conviction, and, if nothing else, let us all leave this Hall with the determination to persist and persevere, and to give our children a viable future.

The President: The Assembly will now hear a statement by His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

Mr. Douglas (Saint Kitts and Nevis): Last year we shared in the excitement and heightened expectations of a new millennium. Leaders spoke optimistically about the future and agreed to work to improve the lives of our peoples. In Saint Kitts and Nevis, we too were optimistic despite the multitude of problems that threaten to derail the optimism of our efforts to develop the human potential of our people in its fullest sense. We applaud the United Nations for coming to play a pivotal role and for demonstrating leadership in helping to address many of the challenges we face.

One of those challenge is the pandemic of HIV/AIDS. The reality of that disease and of its devastating potential is well documented, and the decision of the United Nations to focus global attention on that disease is both opportune and necessary. This special session on HIV/AIDS offers an opportunity for us to look more closely at the reality of the disease, at its impact and at what should be done to address it. My delegation praises the Secretary-General for his forward-thinking millennium report (A/54/2000), which called on policy makers to work to arrest the spread of this deadly disease and to register tangible results by the year 2015.

That is indeed a monumental task, but it is a necessary one, because the reality for people living with AIDS is a tragically grim one. The stigma of the disease, the wider social ostracism, alienation within families and the lack of resources to get treatment all represent serious obstacles to addressing this serious problem. Additionally, we in the small economies of the Caribbean are especially troubled by the potential of this disease to decimate a generation of young people, weaken our economies, and set back human development by decades.

Although the rate of infection in the Caribbean is a fraction of that of the worst affected countries in Africa, it has been reported that the Caribbean region ranks second, behind sub-Saharan Africa. In percentage terms, it is higher than those of North America and of South-East Asia. Regrettably, the institutions and private foundations that pledge to assist the countries of Africa do not appear to have recognized the seriousness of the situation in the Caribbean region.

Recent statistics from the Caribbean Epidemiology Centre (CAREC) and UNAIDS suggest that approximately 360,000 adults and children are living with AIDS in the Caribbean region, of whom an estimated 60,000 adults and children have been newly infected with the HIV virus. It is suggested that, in the Caribbean, 70 per cent of the reported AIDS cases are in persons between the ages of 15 and 44 years, and 50 per cent are in persons between the ages of 25 and 34 years. The statistics paint an alarming picture.

This disease, although it does not discriminate, has proved to be overwhelmingly devastating to the young, to the poor and to our womenfolk. In the face of this phenomenon, Caribbean countries have been steadfast and proactive. We have taken steps to build the requisite national infrastructure and to strengthen regional mechanisms to stem the spread of this deadly disease.

For its part, my Government has to that end forged strategic partnerships with CAREC, with the Pan American Health Organization (PAHO), with local private sector organizations, with civil society, with persons infected with the disease, and with others. Those frank and open discussions have resulted in the development in Saint Kitts and Nevis of a strategic plan for the national response to HIV/AIDS. Our expanded national response embraces several key health promotion strategies that are detailed in the regionally developed plan for Caribbean cooperation in health. It is premised on the importance of continued holistic and multi-sectoral involvement. It also envisages engaged political and financial support from my Government and calls for participation from society at large.

Through that approach, we intend to meet head-on the challenges posed by HIV/AIDS and to encourage broad participation in planning, implementation, monitoring and evaluation of programmes designed to prevent the spread of HIV/AIDS. The programs we are undertaking are geared not only towards placing us on the front line in the fight to arrest the spread of this deadly disease, but also towards allowing us to develop mechanisms to provide access to treatment and care. We thank and applaud CAREC, UNAIDS and PAHO for their support, and we look forward to their continued engagement in the Caribbean region as we battle this pandemic. In the past two and a half years, my Government has committed 10 per cent of the health budget to AIDS-related programmes.

But, like countries in Africa, the Caribbean countries have little access to the oft-expensive antiretroviral medicines that can prolong the lives or improve the health of infected persons. The prohibitive cost of those drugs has put them out of the reach of even the budgets of most Caribbean Governments.

Antiretroviral drugs and inexpensive access are fundamental to any viable and productive treatment approach to the HIV/AIDS pandemic. In the absence of these drugs, most patients diagnosed with AIDS may die within two years. Hardly any of these individuals can afford the $10,000 to $20,000 a year necessary for treatment, which is usually administered by private doctors and, in many cases, outside the region.

In closing, I stand before the Assembly this morning to remind the international community that HIV/AIDS is not people-specific. It does not have a country bias; it threatens us all. It should force us to accept that in the struggle to preserve the fabric of our humanity we must work together to solve this global problem.

In hosting this special session we have made a positive step, and we must now do much, much more.

The President: The Assembly will now hear a statement by His Excellency Mr. Abdoulaye Wade, President of the Republic of Senegal.

President Wade (*spoke in French*): By meeting for three consecutive days at the highest possible level to discuss the issue of HIV/AIDS, the General Assembly is rightly reflecting the concerns of the international community about the persistent seriousness of this scourge. It is a genuine worldwide threat, and thus it calls for global and concerted action that is commensurate with the scale of the scourge.

Notwithstanding the range of circumstances, it must be recognized that today no country in the world is immune from this terrible disease, which most affects women and young people in the flower of youth, disrupts family and community structures and seriously undermines entire economic sectors. The time for observations has passed. We must act urgently and at all social levels to halt the destructive spiral of AIDS. Combating AIDS means, first of all, talking about it and breaking the conspiracy of silence once and for all. It further means breaking down taboos and overcoming the prejudices surrounding this disease and its victims. Lastly, it means informing, sensitizing and educating, and addressing the patients' physical, psychological and social needs, preventing them from being marginalized.

In Africa the HIV/AIDS pandemic has created an exceptional situation, as has been acknowledged by the summit of the Organization of African Unity (OAU) on HIV/AIDS, tuberculosis and other associated infectious diseases. This summit was held in Abuja, Nigeria, last April. I would like to recall here the commitment made at Abuja to devote 15 per cent of our national budgets to health — with the fight against AIDS a top priority.

In Senegal, since the appearance of the first cases in 1986, we have taken the appropriate steps to address the situation by setting up a national committee to combat AIDS; strengthening blood-transfusion policies, including the systematic screening of blood donations; and selling commercial AIDS-detection tests at reasonable, State-subsidized prices. In addition to these efforts, there has been a vigorous public information, education and awareness campaign, led jointly by public authorities, non-governmental organizations, opinion leaders and even religious leaders, who through their preaching have provided the spiritual and moral dimension that is indispensable to the fight against AIDS.

These measures, combined with many others, have enabled Senegal to keep the rate of infection below 2 per cent of the population. Further, the relevant international bodies, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), have recognized and praised Senegal's success in its efforts to curb the disease. Hence there is not necessarily a connection between underdevelopment and the propagation of AIDS.

Senegal in any event is ready to share its experience and the expertise of its researchers and other experts as a contribution to solidarity and the pooling of our efforts to combat the HIV/AIDS threat.

Although in the absence of a vaccine, prevention remains the surest defence against AIDS, the problems associated with access to currently available treatments should not be ignored. The exorbitant cost of drugs — costs that are determined exclusively by the profit motive — is, it must be admitted, simply immoral and unacceptable, in that these costs undermine the sacred and fundamental right of human beings to life. The effectiveness of a medical treatment is of little real value if it is not available to the majority. This is why, thanks to open and constructive dialogue with its partners, my Government has reached an agreement that substantially lowers the cost of AIDS treatment. In the same spirit, next year Senegal will begin the first tests of a preventive vaccine against AIDS.

The international meeting on access to treatment for AIDS victims that Senegal will be holding on 30 November and 1 December this year, thanks to French cooperation, is also part of this twofold preventive and healing approach. I would like at this point to express my thanks to France and to all who will be contributing to making this meeting a success. I would also like to pay a firm tribute to Secretary-General Kofi Annan for his persistent support of and devotion to the fight against AIDS. I know that very recently he made a personal gesture, contributing to the global AIDS fund.

As we are meeting here, millions of men and women around the world are living with AIDS and are inflicted by physical and psychological suffering, haunted equally by the deadliness o the disease and by faint hopes of surviving. These men and women are looking to us. Thus the international community must take up all the challenges. It now has the necessary resources to successfully address the AIDS pandemic. All that is needed is political resolve. This is the work that brings us here. History will judge us on how we carry it out.

So let us work together so that, beyond the diplomatic niceties, this twenty-sixth special session of the General Assembly will be immediately followed by specific and decisive action to safeguard present and future generations. The time to act is now. Tomorrow will be too late.

The President: The Assembly will now hear a statement by His Excellency Mr. John Agyekum Kufuor, President of the Republic of Ghana.

President Kufuor: It is a great honour for me to participate in the twenty-sixth special session of the General Assembly, on HIV/AIDS — a session that aims at reviewing and addressing the problem of HIV/AIDS in all its aspects and at securing a global commitment for intensified and coordinated action at the global and national levels against the pandemic. This meeting, being the first ever of the General Assembly to strategize against a major disease, is historic and significant. It is clear evidence of the global awareness of the need and the resolve to stand together and fight against threats to humanity. HIV/AIDS is a horrifying threat to all the joy of life itself.

It is a fact that no continent has been spared the spread of HIV/AIDS. However, Africa has been the hardest hit, especially sub-Saharan Africa. According to available statistics, Africa is home to 70 per cent of adults and 80 per cent of children living with HIV/AIDS. These statistics are frightening — even more so given the fact that we know that only about 40 per cent of the cases are recorded. What this means is that our social security and our economic development efforts are being undermined, too fast for us to contain the situation by ourselves. It is imperative, therefore, that we marshal all available support and resources to arrest the situation on the continent.

It is in recognition of this urgent need for concerted action against the pandemic that we, the leaders of Africa, met in Abuja in April 2001 to sound the clarion call for battle readiness on the continent and to seek the necessary support from all the nations of the world. It was at this meeting that the Secretary-General of the United Nations, Mr. Kofi Annan, launched the global HIV/AIDS and health fund to constitute the central war chest to combat this universal menace.

In Ghana, since 1986, when the first cases of HIV/AIDS were reported, the Government has instituted measures to combat the disease. Those measures culminated in the formulation of a National HIV/AIDS Strategic Framework and in the establishment of the Ghana Aids Commission under the Office of the Presidency.

Today HIV/AIDS concerns are being mainstreamed into sector plans, with specific roles assigned to private- and public-sector organizations. Civil society, including non-governmental organizations (NGOs), religious groups and traditional rulers, are now fully involved in open discussions in the media. This is helping to eliminate any moral squeamishness towards sufferers and encourage open discussion and increased information, in order to enhance management of the pandemic.

The success of these policies and programmes in Ghana, as elsewhere in Africa, is, however, dependent on the availability of financial and material resources, which are woefully inadequate on the continent. Despite the budgetary constraints faced by Governments in Africa, it was decided at the Abuja Summit that at least 15 per cent of our annual budgets would be allocated to the improvement of the health sector to combat the pandemic. Significant as this initiative is, it must be admitted that it will be inadequate without sustained and concerted international assistance directed at both prevention of the disease and mitigation of its impact on sufferers and on society.

In this regard, Ghana lends its support to the call by the Secretary-General for the establishment of a global HIV/AIDS and health fund, which should be administered by the United Nations, with all the urgency and dispatch the crisis commands.

Poverty, underdevelopment and illiteracy have been identified as major challenges to effective HIV/AIDS response in developing countries. It is, therefore, imperative that this session resolve to assist those countries implement internationally agreed strategies to eradicate these handicaps.

To this end, my delegation calls for international cooperation and solidarity with Africa in the combat against HIV/AIDS. We also call for the following measures to be considered seriously: first, debt relief; secondly, acceleration of the enhanced Heavily Indebted Poor Countries Initiative (HIPC); thirdly, reversal of the declining levels of official development assistance; and fourthly, additional resources from donor countries and the international private sector.

It is also our expectation that this session will address the issue of accessibility and affordability of essential drugs for people living with HIV/AIDS in Africa and the promotion and protection of their rights. The international community should further ensure that global trade policies are used more effectively to increase access to care and treatment, and we should also encourage increased investments in research on the development of the needed vaccines.

Finally, I would like to reiterate here the commitment I made in Abuja to provide my personal leadership for our national programme and to work with all involved in this global fight until we achieve success. It is the hope of my delegation that the declaration of commitment to be adopted by this session will be backed by the required political will, a spirit of international solidarity and adequate resources for its effective implementation to give hope to those infected and affected by HIV/AIDS.

The President: The Assembly will now hear a statement by His Excellency Mr. Pascoal Manuel Mocumbi, Prime Minister of the Republic of Mozambique.

Mr. Mocumbi (Mozambique): It is indeed a great honour for me to address the Assembly on the national day of Mozambique, and on such an important issue. Today we are celebrating 26 years of independence, 26 years of achievements and challenges.

As we all acknowledge, humanity is facing a global emergency caused by HIV/AIDS. From all corners of the world, we are confronted with disturbing figures about the incredible spread of the pandemic. Every single day, the infection and death toll grow, and the epidemic claims more and more victims.

Southern Africa is so far the hardest-hit region, comprising seven of the 10 most affected countries in the world. Our families are increasingly impoverished, our work force drastically reduced and our children orphaned. The basic social and economic fabric of communities and the political stability of nations are threatened.

The magnitude of the problem posed by the HIV/AIDS pandemic has been duly recognized by world leaders who, in adopting the Millennium Declaration, committed themselves to halt and begin to reverse the spread of HIV/AIDS, and to help Africa build its capacity to tackle this tragic pandemic.

This special session is being convened in the spirit that a global crisis such as the HIV/AIDS pandemic must be addressed through global action. My Government believes that the declaration we are about to adopt at this historic meeting should ensure a global commitment to the coordination and strengthening of national, regional and international efforts to combat the epidemic in an integrated manner. We urge the international community to show the necessary political will to relieve the unprecedented sorrow and pain the pandemic is causing to humanity.

We know, and it is widely acknowledged, that poverty, the stigma attached to HIV/AIDS, a lack of information and weak health infrastructures are hindering our quest in southern Africa to successfully fight this epidemic. We have been less willing to acknowledge, and to break our silence regarding, the sexual behaviour and the gender inequalities that drive the epidemic.

AIDS is not like smallpox and polio. We may not be able to eliminate it simply with a one-time vaccination or course of shots for children, since new strains of HIV are constantly evolving. Unlike the communicable killer diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through sexual violence and commercial sex; it proliferates mostly because of women's poverty and inequality.

In Mozambique, the overall rate of HIV infection among girls and young women, estimated at 15 per cent, is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40 per cent of them to much older, sexually experienced men who may expose their wives to HIV/AIDS and other sexually transmitted diseases.

Similar patterns are common in other nations where HIV is rapidly spreading. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection. In heterosexual sex, girls and women are biologically more vulnerable to infection than boys or men.

To reverse the current situation, African leaders recently signed the Abuja Declaration, thus committing themselves to furthering their leadership in the fight against HIV/AIDS. In the Southern African Development Community (SADC) region, our collective actions are guided by the SADC HIV/AIDS Strategic Framework and Programme of Action. Within the framework of the Community of Portuguese-Speaking Countries, we are working towards the adoption of a multilateral instrument aimed at maximizing the results of existing national programmes, as well as bilateral and multilateral cooperation in the fight against HIV/AIDS.

The fight against HIV/AIDS is a priority area for Government action in Mozambique. In this endeavour, our Government has adopted a multisectoral approach, with the active involvement of all stakeholders. To coordinate the multisectoral action, a national council to combat HIV/AIDS was established to ensure that Mozambicans have access to information and services. The Government also adopted a national strategic plan to combat HIV/AIDS and to reduce absolute poverty.

The key platform of our national policy to combat HIV/AIDS is prevention. For prevention to be successful, we must break our silence and speak clearly without taboos. We must strive to create a healthy environment where the community can access accurate information about the pandemic.

Accordingly, we must give special attention to vulnerable groups such as women and young people, girls in particular. We are striving to provide the necessary information and skills that will empower them to protect themselves. We must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving. We must provide them with information, communication skills and, yes, condoms. In this process, we count on the interest and valuable contribution of families, community leaders, non-governmental organizations and religious leaders to advance awareness campaigns and other educational undertakings, without disrupting moral values.

Our children are another group requiring special attention. We shall not discriminate against orphans living with HIV/AIDS, nor those who became so because their relatives were claimed by the epidemic. We shall, however, strive to ensure that programmes are in place, supported primarily by communities, to ensure that orphan children are accorded an adequate environment for living their lives smoothly. The voices of those affected by the pandemic must be heard and taken into consideration.

For the success of our national efforts to combat HIV/AIDS, a genuine and strong partnership among all relevant stakeholders is fundamental. Since HIV/AIDS is a global problem that calls for a global solution and action, this special session must call on those countries that managed to halt and reverse the spread of HIV/AIDS, as well as those in a position to do so, to support countries in need.

The success of our fight against HIV/AIDS requires political will and leadership at both the national and international levels. We, the leaders gathered here, have the ways and means to deliver a bright and safe future for our children. We must not leave for tomorrow the current unsustainable global patterns of poverty, debt and the shameful and immoral prices demanded for drugs and medicines to treat HIV/AIDS. Let us strive to enhance scientific research towards providing affordable means of prevention, care and treatment, including a vaccine against HIV/AIDS, and better protective methods, such as microbicides, that women can use with or without the cooperation of their partners.

My delegation would like to commend the United Nations family, and the Secretary-General in particular, for the proposed creation of the global fund to fight against HIV/AIDS. Given the immensity of the problem and the urgency of the task at hand, we would like to urge those in a position to do so to contribute to the fund expeditiously, while emphasizing four critical points.

The first of these is the additional nature of resources allocated to the fund; we must ensure that these resources are not taken away from current development programmes for fighting poverty. Secondly, access to the fund should not be subject to a cumbersome bureaucratic mechanism and should be intended to enhance the national capacities of recipient countries. Thirdly, the management of the fund should be transparent so that those in need can benefit effectively from it. Finally, no commitment we declare today will achieve the desired results if adequate resources are not provided consistently and sustained over time.

We see the United Nations as the appropriate forum for advancing the agenda to combat HIV/AIDS. UNAIDS and the World Health Organization have proved that, provided with the necessary resources, they can assist our countries to meet the challenges before us. We remain committed to supporting all international initiatives aimed at defeating HIV/AIDS.

The President: The Assembly will now hear a statement by His Excellency Mr. Olusegun Obasanjo, President of the Federal Republic of Nigeria.

President Obasanjo: Only two months ago, African leaders met at a historic Summit in Abuja to demonstrate our firm commitment to combating the scourge of HIV/AIDS in order to ensure the survival of our continent. It is for this reason that Nigeria welcomes the convening of this United Nations special session to set the agenda for meeting the immense challenges posed by a disease so deadly that it has become one of the greatest obstacles to human development and security.

Mr. President, may I, on behalf of the Government and people of the Federal Republic of Nigeria, thank you, the members of your Bureau and all those who have worked tirelessly to make this very important occasion a reality. I have no doubt that under your able guidance we shall achieve the objectives for which we have all gathered here.

Our appreciation also goes to the indefatigable Secretary-General, Mr. Kofi Annan, and his team, particularly the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for their commitment to the fight against HIV/AIDS. Their very excellent report provides us with the basis for very meaningful and fruitful deliberations.

It is distressing to note that Africa, a continent already crippled by problems of underdevelopment, poverty, food scarcity, internal conflicts and the heavy burden of external debt, is the hardest hit by the HIV/AIDS pandemic. According to the Secretary-General's report, Africa is home to 70 per cent of adults and 80 per cent of children living with HIV. It is also home to three quarters of the nearly 22 million people worldwide who have died of AIDS since the epidemic began. Today, out of more than 36 million people worldwide living with AIDS, over 25 million are to be found in Africa. There is a growing population of children orphaned by AIDS, and of the world's 13 million such children, over 12 million are in Africa.

With this trend in statistics, the future of our continent is bleak, to say the least, and the prospect of the extinction of the entire population of a continent looms larger and larger. We do not have any choice but to contemplate exceptional measures to contain the spread and devastation of HIV/AIDS, and those measures have to be comprehensive and total at all levels — national, regional and global.

The Abuja Summit produced a Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, as well as a Framework for Action for the implementation of the Declaration. African leaders resolved to accord the fight against HIV/AIDS the highest priority in their respective national development plans.

We committed ourselves to personally provide leadership in all activities of the national mechanisms to be established in our various countries; we agreed to mobilize necessary resources by allocating 15 per cent of our annual national budgets to improvement of the health sector; we also agreed to set up Leadership AIDS Watch for Africa, to be made up of leaders from seven African countries and the Executive Director of the Joint United Nations Programme on HIV/AIDS.

In Nigeria, we have sadly observed how the rate of HIV/AIDS has risen from less than 2 per cent in 1986 to about the critical 5 per cent mark in 1993. For a country with a population of about 120 million people, the potentially serious consequences of the situation cannot be overemphasized. However, I am pleased to report that our Government has adopted a multisectoral and multidisciplinary programme, as well as a battle plan — the HIV/AIDS Emergency Action Plan — to guide us in our fight against AIDS.

In taking the above steps, we in Africa are conscious of the need for additional assistance from the international community in support of the global dimension of the war against HIV/AIDS. The undeniable fact is that, with the fragility of our economies, we simply lack the capacity to adequately respond to the magnitude of the HIV/AIDS epidemic.

African peoples are looking to this special session with renewed hope. We are expecting that this Assembly will address all aspects of the problem of HIV/AIDS, including the issue of international funding and cooperation, alleviating the social and economic impact, prevention, care and support, and the issue of access to and affordability of drugs.

We are encouraged by the success stories of the industrialized countries where HIV/AIDS is being reasonably controlled, and we urge the international community to make a firm commitment to helping Africa achieve similar results. We support the initiative of the Secretary-General to create a global AIDS fund to fight HIV/AIDS and other diseases related to it. The fund, which is to be established by the donor community in the amount of $7 billion to $10 billion, would focus on prevention, with special attention to treatment through the provision of drugs at affordable prices by the leading international pharmaceutical companies. Let the administration and management of this fund be the concern and the responsibility of the Secretary-General, the donors and indeed all stakeholders, especially those infected and affected, who know where it really hurts.

Furthermore, the circumstances and the situation of HIV/AIDS underscore our call for total cancellation of Africa's debts in favour of investment in the social sector. If we are to be true partners in development, the debt issue must be addressed in a comprehensive manner that frees our resources to enable us to fight the scourge of HIV/AIDS, as well as to meet our other social obligations to our people.

I wish to make a plea for the millions who are already infected with the HIV virus. These people, referred to as people living with HIV, require primary attention. I will include here the millions of children orphaned by the disease. This special session must therefore consider and adopt a comprehensive approach that accords priority to the treatment and improvement of life of infected persons; the prevention of mother-to-child transmission; and adequate welfare and provision for AIDS orphans so that they can grow up into normal members of society.

Let us come up with a programme that respects and saves people living with AIDS as part of humanity. Let us help them to overcome the stigma of society, and they can join the crusade against the further spread of the killer disease.

I wish this special session an outcome that is successful enough to rescue humanity from the clutches of a pandemic that threatens to blight the future of humankind.

The President: The Assembly will now hear a statement by His Excellency Mr. Jorge Sampaio, President of the Portuguese Republic.

President Sampaio (*spoke in Portuguese; English text furnished by the delegation*): I would like to congratulate the Secretary-General for opening this special session of the General Assembly, the first in the history of the United Nations to be devoted to a public health issue. I decided to attend because I believe that the AIDS pandemic constitutes a priority at the national and international levels that requires an intense, ongoing mobilization of efforts, to which Portugal wishes to make a committed contribution.

We are all aware, thanks largely to the dedicated work of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which I would like to commend here, that the AIDS virus now affects some 36 million people, 25 million of whom live in sub-Saharan Africa. Let us not forget, as well, the 22 million people who have already died as a result of this epidemic. Surely each one of us knew some of them personally. These figures are appalling. Yet we cannot ignore the fact that every estimate of the spread of the epidemic has been lower than its true dimensions.

Therefore, there can be no room for complacency or hesitation. Through this forum, we must place the question of AIDS at the top of the international political agenda as an inescapable humanitarian issue that cannot be put off and as a serious threat to the security and economic and social development of many countries and regions.

The fight against AIDS has always been delayed and hindered by the stigma attached to the disease and by the fact that the discussion of the most vulnerable groups of people, of the forms of transmission of the virus and of the behaviour that favours it involves questions that, for many, are still taboo. We cannot, however, allow the sensitivity of these questions to silence us, to make us avert our eyes and give up before the insidious advance of the epidemic.

This struggle should mobilize us all. That is surely the understanding of the heads of State and Government who, through their participation in this session, are signalling their commitment to fighting AIDS. I also greet the non-governmental organizations, essential partners in calling attention to and fighting the infection, in the creation of networks of solidarity and in the struggle against discrimination. Also fundamental is the contribution of those who are HIV-positive. Their militancy has been decisive to the awakening of consciences to this issue, and their involvement in the efforts directed at prevention and treatment is irreplaceable.

Although the AIDS virus strikes every region, culture and social group, it cannot be denied that it is most prevalent among those populations socially and economically less advantaged. AIDS and poverty go hand in hand and lead to a vicious circle with devastating consequences at every level. Suffice it to reflect, for example, on the millions of orphans created by the epidemic or on the fact that it strikes mostly those in the prime of their lives, with catastrophic effects for public administration and the State, for the productive systems and for the very social cohesion of the most affected countries.

At the bilateral level, and through the Community of Portuguese-Speaking Countries, with a major contribution from Brazil — an exemplary case of success in combating the epidemic — we have endeavoured to raise awareness among the Portuguese-speaking countries of Africa about the need to increase their efforts to combat AIDS and to support their efforts, all the more so since we fear that their real situation may be more serious than that suggested by official statistics.

At the multilateral level, we support the constitution of a global fund for health and HIV/AIDS that would also cover other transmissible diseases, such as malaria and tuberculosis. Such a fund should be open to contributions by the public and private sectors and must be provided with effective management. There is undoubtedly a need for the allocation of greater financial resources for AIDS prevention, treatment and research programmes. Nevertheless, without political leadership and social mobilization, greater resources alone will be insufficient to win this fight.

International support must be implemented effectively at the national level in the fields of prevention and treatment. To that end, proper planning and mobilization are required, in addition to a courageous educational approach capable both of challenging stereotypes and of combating risky behaviour. International support should also take into account the need for treatment. The cost of medication cannot be allowed to jeopardize it, since one of the central problems in this field is access to care, including the antiretroviral therapies that allow a significant improvement to the life expectancy and quality of life of patients and that, in 50 per cent of cases, prevent the transmission of the virus from mother to child. The initiatives that have already been implemented in this field by the pharmaceutical industry are very positive, but efforts must continue in order to make these medicines more accessible, particularly through greater use of generics.

We must also pay special attention to specific groups more vulnerable to infection, for which we must promote access to adequate information through proper communication channels. In the case of Portugal — which, in the European context, has a relevant AIDS problem — I would like to underscore the measures taken in the field of drugs, which can have a great effect on improving the results connected with the incidence of HIV. Damage-reduction policies have proved to be effective in reducing the risk of transmissible diseases, as well as in preventing social exclusion and facilitating the relationship with health-care structures. I should also like to underline the need to carry out specific work among the immigrant population, the care to be taken with transient populations and the attention to be given to prisoners, who must be able to benefit from the opportunities available to the community at large.

As a general concern at the international level, I should like to single out the particular importance of the situation of women, the group in which the infection is spreading more swiftly. This requires a non-discriminatory gender perspective in the combat against the epidemic.

The fight against AIDS demands the imaginative and audacious creation of new partnerships to set up integrated, effective measures. Governments cannot stand aside from this whole process, nor can they stand alone. A multifaceted response to an increasingly complex issue must be intensified. Public authorities, universities, non-governmental organizations — which Portugal involves in its official government action — donors, international organizations, private companies and volunteers must all be called upon to cooperate. All these concerns are shared by the European Union, as its current Presidency will express in the course of this session.

I would address a very special word to the churches and religious groups. I would like to see the part played by these entities in the fight against AIDS strengthened, as is already happening in other spheres of public health. Here, too, for imperative humanitarian reasons, a commitment based on compassion and solidarity is essential, a commitment that does not have to call into question the beliefs and moral values of each group.

Despite the fact that, unfortunately, the situation is bleak, there are encouraging signs that the epidemic can be controlled and substantially reduced through timely, decisive measures. Countries that have implemented effective prevention and assistance programmes have obtained positive results. It is our obligation to study these experiences and to learn from them. We must use every means to reduce the impact of the epidemic. For this to be possible, we need to be more demanding of ourselves and to require greater dedication and mobilization of society.

AIDS is a threat of concern to all humankind. For many it is already a terribly concrete source of pain and early death. Nobody is entitled to stand aside from such brutal facts. The responsibility lies with all of us, all our commitment is needed, every measure is urgent and the involvement of all is welcome.

The President: The Assembly will now hear a statement by His Excellency The Honourable Daniel Toroitich arap Moi, President and Commander-in-Chief of the Armed Forces of the Republic of Kenya.

President Moi: The continent of Africa has suffered from the harsh experience of wars, droughts, floods and other human and natural tragedies, yet our people have been resilient and adaptable.

At present, there is a plague engulfing a huge area of our continent, particularly sub-Saharan Africa. This is a disaster unlike any previously experienced. It continues without an apparent cure. You will know that I speak of AIDS.

The reality is that millions of African people have died, and many millions more will die. Some African countries have been partially successful with educational programmes to control the spread of this terrible pandemic.

In Kenya, AIDS has been designated a national disaster. We continue to vigorously pursue our educational programmes. I am pleased to say that Kenya is participating at the forefront of research for a vaccine or other preventive measures and cures. We will continue to cooperate and work with the world's research leaders and others in this field. We are determined to fight the spread of this dreadful disease relentlessly until a permanent cure is found. But the indications are that it will be at least 10 years before significant, tangible developments will be available.

In the meantime, the people of my country must not be deprived of the most basic right — the right to life. I have walked through hospitals and other care institutions in my country, and I have seen the plight. I have experienced the desperation in the faces of the victims of AIDS. It is a grim reminder that they are deprived even of the treasure of hope itself.

I would be failing in my duty if I were to stand idly by. This is a time when the production of coffins is a growing industry because of this dreadful pestilence. As a leader, I am charged with the welfare of my people. We are not a wealthy nation, but the people must at least be given hope.

Like most other countries, Kenya also has in force laws pertaining to patent protection. Even though we are a developing nation with limited financial resources, we shall play our part in honouring our international obligations. The time has come when we are compelled to make a decision between the lives of our people and the rights of commercial interests. Human life must surely come before anything else. Our choice is therefore made. Nonetheless, we must pursue our choice in a balanced way, a way that is balanced to protect the interests of further research and development so that life can be further protected and enhanced.

We believe this balance can be achieved by making available the best possible medication at the lowest possible cost. At the present time, we are unable to pay international prices for the medicines we need. This is the simple fact that we are facing, and this is why we are now embarking on the following course of action. My Government has enacted emergency legislation to deal with life-threatening epidemics. This legislation provides for the suspension of existing patent protection legislation and is framed to prevent abuse. Manufacture, marketing, distribution and exportation are rigidly controlled. The sole purpose of this legislation is to make high-quality AIDS drugs that are the subject of internationally valid patents. They will be made available to the sick at the lowest possible cost.

Our culture of self-help will be reborn. This will ultimately lead to a scientific ability within Africa that equals any other in the world.

We shall, at the same time, seek to maximize the protection of current holders of valid patents. They will be given preference to supply active ingredients or medicines in finished form, provided, first, that they meet European or American drug specifications and, secondly that they are offered at the same price as or a better price than they can be produced indigenously in Kenya or imported from a source that does not infringe on valid patent rights.

Furthermore, my country will work in close cooperation with its African neighbours for the same purposes that I have outlined here. Exports to these countries will be by licence from both the exporting country and importing country. The cost to these Governments will be calculated on a basis that minimizes the cost and maximizes the benefit from our programme. This lethal virus knows no borders, nor is it selective in its host. The saving of life will take priority over political beliefs or aspirations.

We have considered very seriously the steps we are taking to ensure that our people and the people of Africa can live in hope — the hope that one day they will be able to take their place among the communities of the world in providing for their well-being, that fathers will see their sons become men and that men and women will live to grow old with the dignity that they deserve.

I want to see my people, my nation and Africa moving into the twenty-first century with an increasing ability to manage disaster in a confident and competent manner.

I would like to take this opportunity to thank the Secretary-General, who attended a meeting that we held in Nigeria. That was the beginning of the effort to eradicate and vigorously fight this disease. I thank him.

With every passing week, thousands more are dying or becoming infected. I am not prepared to allow this to continue. The campaign will be driven with the utmost vigour. The people of Kenya and the people of Africa will be the beneficiaries.

The President: The Assembly will now hear a statement by His Excellency Mr. Paul Kagame, President of the Rwandese Republic.

President Kagame: Let me thank Secretary-General Kofi Annan for convening this special session on HIV/AIDS and for his efforts in mobilizing resources for the global AIDS and Health Fund.

As we all recognize, HIV/AIDS is a threat to social and economic development as well as to global security, as underscored by the United Nations Security Council, among others. Hence, this special session, which follows other important gatherings on HIV/AIDS. In Africa, the Addis Ababa summit emphasized the role of leadership at all levels of society in the fight against HIV/AIDS. The Abuja summit focused on sustainable resource mobilization and concrete actions to contain the HIV/AIDS pandemic.

African women have undertaken important initiatives in this regard. For example in May of this year the Summit of African First Ladies held in Kigali emphasized the urgent need to pay special attention to the most vulnerable groups on our continent, i.e. children, young people and women. We must harness, therefore, the experience, commitment and wisdom gained from these sessions in our battle against the HIV/AIDS scourge.

Let me now briefly share with you the experience of my country. Rwanda is among the sub-Saharan African countries most seriously affected by HIV/AIDS. It is currently estimated that some 400,000 Rwandans, out of a total population of 8 million, are infected. In our case, one of the contributing factors was the 1994 genocide, in which untold numbers of women and young girls were systematically raped. The impact of this episode of our history has not yet been fully grasped. The massive internal and external dislocation and movements of millions of people during this period also contributed to the spread of HIV/AIDS.

Despite these challenges, we have undertaken a number of initiatives to combat HIV/AIDS in my country, including the following. A national campaign to sensitize leadership at all levels of society has been mounted, leading a significant proportion of our people to volunteer for HIV/AIDS testing. This has led to a tenfold increase in voluntary testing since 1997. A programme for prevention of mother-to-child HIV transmission is in place. The Government has initiated a scheme of purchasing antiretroviral drugs, which are made available to the public at subsidized prices. The National Commission for HIV/AIDS was established to coordinate all HIV/AIDS initiatives. Rwandan youth have taken a leading role in their own right, as demonstrated by the establishment of AIDS clubs in all secondary schools in the country.

HIV/AIDS can be tamed and eventually defeated. The immediate goal in this quest is a focused global strategy that is realistic, practical and effective, particularly in regard to resource mobilization and management. Prevention programmes, among other things, should become central in the unfolding strategy. It is imperative that accountability and transparency become the hallmark of this strategy in its implementation.

The President: The Assembly will now hear a statement by The Right Honourable Hubert Ingraham, Prime Minister of the Commonwealth of the Bahamas.

Mr. Ingraham: The Bahamas is pleased to add its voice to the international call for a coordinated, escalated response commensurate with the extent and magnitude of the HIV/AIDS pandemic. The direct and indirect cost of HIV/AIDS to our economies, to individuals, to their families, to businesses, and to Governments is staggering. The consequences for development, growth, expansion, and stability of the economies of the world, especially of the economies of small developing countries, are daunting.

The tragedy which unfolded in the wake of this terrible disease — when so many, for so long, failed to recognize its full dimensions and consequences — has finally attracted the needed and deserved attention of health and political leaders of the world. Let us now resolve to not permit harm to come to our new collective resolve to stem the tide of HIV/AIDS by permitting any agenda, other than that of the promotion of good health, to distract us from our commitment, or to cause the diversion of scarce funding to conflicting programmes and strategies.

Our meeting here this week is, I believe, an important demonstration of our resolve to defeat this international health terror, together. For his role in bringing us to this point, I wish to recognize, acknowledge and thank the Secretary-General, Mr. Kofi Annan. Special recognition and commendation are also due to UNAIDS.

In July of last year, G-8 countries, meeting in Okinawa, committed to the establishment of a new global fund to combat HIV/AIDS, tuberculosis and malaria in developing countries. Because these diseases are responsible for the decimation and disintegration of large percentages of populations in the developing world, the fund would mobilize, manage and disburse grant resources in support of country- and regional-level programmes to combat the major health challenges created by them. The fund would also support national development processes and mechanisms created to achieve the goals agreed at the United Nations Millennium Summit.

My Government strongly endorses and supports the establishment of the fund and the objectives of its proponents to provide opportunities for donors with no traditional country base to fund work directly at national levels. This is a commendable and helpful objective. I call attention, however, to a concern of small developing countries, such as my own, with regard to our ability to access a global fund, given the general absence of resident donor-based infrastructure or of United Nations development agency offices in our countries.

I wish also to sound a cautionary note: we should not place all our eggs in one basket. While we recognize that the fund must assist in drug acquisition, it is critically important that the urgency of the need for affordable drugs required for the treatment of HIV/AIDS and effective drugs for tuberculosis and malaria not result in a disproportionate skew of the assets of the fund to the supply of drugs.

Access to drugs for treatment is only one of the many important components of the agreed Strategic

Plan. Other equally urgent matters need funding if we in the developing world are to better meet the challenges presented by this awful disease. These must include such things as health promotion, advanced research, training, the building of health infrastructure, the forging of partnerships, the coordination of networks and follow-up care.

No other single health problem compares to the threat that HIV/AIDS holds for the continued development and progress of my country, the Bahamas, or of my region, the Caribbean. HIV/AIDS is not confined to any particular sector of Bahamian society. It has spread to the general population, predominantly through heterosexual contact and from infected mothers to infants.

It is small comfort to report that the Bahamas Government early recognized the terrible threat of HIV/AIDS; that recognition did not save us from experiencing the tragedy that AIDS has wrought on our country.

Prevention and care are inextricably bound. We have demonstrated this in the Bahamas even in the absence of antiretroviral drugs.

Our task is urgent. The new HIV/AIDS infections recorded in all our societies on a daily basis are a clear indication that, notwithstanding progress, AIDS-awareness programmes in schools, churches and the wider community still fail to reach far too many individuals, particularly young people, who continue to engage in high-risk unprotected sexual activity.

Together, I am convinced, we can continue and can overcome the challenge.

The balance of my statement will be available in written form.

The President: The Assembly will now hear a statement by His Excellency Mr. Carlos Lage Dávila, Vice-President of the Republic of Cuba.

Mr. Lage Dávila (Cuba) (spoke in Spanish): No country is free of AIDS. A few — privileged and rich — have managed to reduce mortality through the use of drugs with high and irrational prices. Many others — the unfortunate and poor — are facing a harrowing drop in the average life expectancy of their peoples and population decreases that could lead them to extinction.

In a number of African nations, the number of teachers who die of AIDS every year is greater than the number of new teachers being graduated. The deaths that have already occurred in sub-Saharan Africa are equal in number to those that would result from the dropping on that region of more than 70 bombs like the ones dropped on Hiroshima and Nagasaki. It is a tragic paradox that the very continent on which humankind's earliest ancestors first emerged 6 million years ago is now witnessing the beginning of our disappearance in this new millennium.

Cuba is also suffering from this disease. There are 2,565 people living with HIV/AIDS in our country. Our programme to fight AIDS guarantees comprehensive care and support for all those with HIV and AIDS, free treatment with antiretroviral drugs for all patients, centres for specialized medical care for cases that require it, and a tireless effort to ensure that people with HIV/AIDS enjoy the fullest possible social integration, with full rights and without discrimination. We have the lowest rate of infection in the Americas and one of the lowest in the world, at 0.03 per cent of the population between the ages of 15 and 49.

Although still under blockade, and thus denied access to 50 per cent of the new drugs produced in the world, since they are produced by United States companies, we have contained the epidemic, and have indeed achieved an average life expectancy of 76 and infant mortality of less than 7 per 1,000 live births. Cuba has come to this Assembly as a responsible and full member of the international community, modestly to offer its experience and its cooperation, expecting nothing in return.

The Secretary-General has undertaken the worthy and just effort of proposing, and striving to obtain, between $7 billion and $10 billion for the fight against AIDS. That amount is not sufficient, and money alone cannot solve the problem, but it is a necessary beginning. Is it conceivable that this money could not be raised to save lives in a world that spends 40 times more than this on illicit drugs, 80 times more on military budgets, and 100 times more on commercial advertising?

Is it conceivable that this money could not be raised to save lives in a world where 20 per cent of the population accounts for 86 per cent of private consumption, and where 22 individuals each have a private fortune greater than the amount requested by the Secretary-General, while their combined wealth is 43 times greater?

The wealthiest, most powerful nation in history, which purports to be a champion of human rights, fails to comply with its financial obligations to the United Nations, is trying to reduce its contribution to the World Health Organization, devotes barely 0.2 per cent of its gross domestic product to development and votes alone against a draft resolution enshrining the right of all to access to AIDS drugs. And at the same time, it is dragging the world into an senseless arms race through the sale of the most sophisticated instruments of war to its allies and followers and through its initiative to establish a total global anti-missile shield.

Nothing more need be said to understand that the current international economic order is criminally unjust, and that words like democracy, human rights, individual freedoms and others, coming from the mouths of the powerful, ring hollow and demagogical.

Donations and philanthropy are welcome and appreciated, for they help to alleviate pain and suffering, but they are not the solution to the problems facing humankind: what is needed are justice and solidarity.

We believe it is necessary and possible to topple the imperialist dogmas ruling the world. But it will be a long struggle, too long for the 36 million people sick with AIDS and for the millions who die from curable diseases. Cuba considers that at this special session, the General Assembly should proclaim: that drugs to fight AIDS and other vital drugs needed on a massive scale cannot be protected by patents and that profits cannot be made at the expense of human lives; that the external debt of the poorest countries should be cancelled immediately, without conditions or impositions, for that debt has already been paid more than once; and that the Group of 7, at its next meeting, instead of adopting new economic liberalization measures to be imposed on the world's poor and less wealthy, should agree to reduce military spending and to raise at least the $10 billion requested by the United Nations, which should be provided immediately, without calmly waiting for 25 million more people to die, for that is but a fraction of the social debt to the third world.

It is my task, on behalf of the Government of Cuba, to offer to the poorest countries with the highest incidence of the disease 4,000 physicians and other health-care workers to create the infrastructure needed to provide drugs to the population, with the necessary prescriptions and follow-up. Those same personnel could train and prepare a large number of specialists in their own fields, along with nurses and health-care technicians.

We offer the professors needed to establish 20 medical schools, many of whom could be selected from among the 2,359 Cuban doctors currently providing services in 17 countries. Those schools could train 1,000 doctors a year in the countries that most need them. We offer the doctors, educators, psychologists and other specialists needed to provide advice and cooperation for campaigns to prevent AIDS and other diseases. We offer the equipment and diagnostic kits needed for basic prevention programmes. We offer antiretroviral treatment for 30,000 patients. It would only be necessary for the international community to contribute the raw materials for the drugs, equipment and material resources needed for these products and services.

Cuba would make no profit whatsoever and would pay the participants' salaries in its own national currency. This is usually the most costly aspect for international health agencies, while the most difficult aspect is finding qualified individuals willing to undertake such a mission.

AIDS is a war without bombs and without armies. The world has accumulated extraordinary knowledge in all fields of study. There are many more scientists living in the world today, in a single historical period, than the total of all those who lived throughout the prior history of humanity. The wealth that has been created is more than enough to guarantee a healthy life for the world's 6 billion inhabitants. Nonetheless, we have begun this millennium in illness. The only possible cure is to place all of the planet's boundless resources at the service of humanity without petty commercial interests or national selfishness. It is our responsibility to achieve this goal.

The President: I give the floor to His Excellency The Honourable Eriya Kategaya, First Deputy Prime Minister and Minister for Foreign Affairs of Uganda.

Mr. Kategaya (Uganda): I bring fraternal greetings and best wishes from the Government and the people of Uganda to all Members of the United Nations for the United Nations special session on HIV/AIDS. I also bring to you, Mr. President, and through you, to this special session, the personal best wishes of the President of Uganda, Mr. Yoweri Kaguta Museveni. I also wish to congratulate Secretary-General Kofi Annan on taking the lead in the global efforts against AIDS. In the interest of time, I will make a short summary of my statement, which is being distributed.

Uganda was at the epicentre of the HIV/AIDS epidemic in the mid-1980s. Today, HIV prevalence in Uganda has declined from an average of 18.5 per cent in 1993 to 8.3 per cent in 1999 and 6.2 per cent in 2000. A number of factors were clearly unique in our response to this pandemic. Uganda recognized at an early stage that HIV/AIDS is a multidimensional problem which requires a multisectoral approach from the political, cultural, economic and health and clinical perspectives.

When the National Resistance Movement (NRM) Government assumed leadership in 1986, we chose a political strategy as one of the options to fight AIDS. President Museveni personally led community mobilization campaigns, speaking about AIDS at every opportunity. The President also adopted an attitude of openness about the disease. He urged all our leaders to put AIDS on their political agenda, and technical experts to provide correct information to the public. The NRM Administration actively encouraged public debate about AIDS-related activities. The involvement of people living with HIV/AIDS was critical in the mobilization and awareness campaign.

In order to coordinate the activities of the multiple partners, the Uganda AIDS Commission was established by statute in 1992. We intend to strengthen this coordination for enhanced and sustained advocacy.

We have integrated AIDS issues in the National Priority Programme, under the Poverty Eradication Action Plan. This implies that debt relief funds from the Heavily Indebted Poor Countries Debt Initiative will, inter alia, be dedicated to AIDS activities.

The Universal Primary Education policy in Uganda has provided an opportunity for critical messages on HIV/AIDS issues to reach primary-age children. A similar focus is targeted on post-primary institutions.

It is well recognized that sub-Saharan Africa has borne the brunt of the pandemic. Over 70 per cent of the adults and 80 per cent of the children living with HIV/AIDS in the world are in sub-Saharan Africa, while 55 per cent of HIV-positive adults are women.

During 2000, an estimated 3.8 million people became infected, and 2.4 million people died in Africa. The key factors affecting the impact of HIV/AIDS in Africa are poverty, poor health infrastructure, illiteracy, political instability and armed conflict. Indeed, long-term prevention and care in African countries will succeed only if African countries can lift themselves out of poverty. African countries will therefore need access to long-term international financial arrangements in order to have viable sustained economic growth, generate adequate resources and build capacities for poverty eradication and combating HIV/AIDS, including the following: viable education systems, including universal primary education, especially for the girl child; strong and sustainable health infrastructure, including health delivery systems; creation of opportunities for employment and other conditions for the empowerment of women; agricultural modernization to increase rural productivity and incomes; and lastly, total debt cancellation for poor and highly indebted countries.

The establishment of the global fund for AIDS and health is timely, essential and most welcome. Uganda therefore pledges $2 million as a demonstration of our commitment to the global fund. We strongly urge wealthier countries and private organizations to make contributions commensurate with their resources so that the fund, with minimum bureaucracy, is accessed for holistic applications in prevention, provision of drugs, treatment, care and research.

Equitable access to effective treatment is an urgent necessity. Future strategies must include accelerated vaccine development. Vaccines are the ultimate weapons against HIV/AIDS.

The President: I now give the floor to Her Excellency Ms. Anne Kristin Sydnes, Minister of International Development of Norway.

Ms. Sydnes (Norway): AIDS is a development catastrophe. In Abuja, African leaders declared a state of emergency in their continent due to AIDS. Other regions report alarming infection rates. We are facing a global crisis, and we need a global response and global solidarity.

Our battle against HIV/AIDS must be part of our battle against poverty, for AIDS causes poverty, and poverty undercuts our fight against AIDS.

Winning the war against AIDS will take courageous political leadership, such as that provided by President Museveni, President Obasanjo and others present here today.

It will take an unprecedented mobilization of resources. We need additional resources, such as the domestic resources pledged by African leaders in Abuja, and increased official development assistance, which is often pledged but seldom delivered. It will take external resources mobilized through innovative public/private partnerships, such as the proposed global fund.

The walls of silence and denial must be broken. We must overcome our natural shyness and talk about sex and condoms in public and to our youngsters. The price of silence and denial has become much too high — too high for parents, and higher still for the millions of children who have been orphaned.

We must put an end to abuse, discrimination and stigmatization, so that little Nkosi Johnson from South Africa, who shamed and inspired us equally, did not die in vain. We must offer partnership, not exclusion - partnership with people infected and affected by HIV/AIDS, and innovative ways of working with such vulnerable groups as men who have sex with men, injecting drug users and sex workers. Openness and cooperation promote responsible behaviour. Stigmatization increases vulnerability.

We need a response that is firmly based on the promotion and protection of human rights: the right to development, the right to health, the right to life. Why? Because people whose rights and dignity are violated become more vulnerable to HIV infection; because discrimination against those infected also discourages testing and undermines effective prevention; and because the epidemic poses a new and grave challenge to the fulfilment of the right to health.

We welcome recent progress to make AIDS-related drugs more accessible and affordable. We must push on to deal with structural and systemic barriers to such access. The pharmaceutical industry must be held morally responsible. More must be done on differential pricing. The public health safeguards in the Agreement on Trade-related Intellectual Property Rights (TRIPS) must become a real option for developing countries.

But drugs alone will not bring us victory. Even much cheaper drugs must still be paid for, delivered and administered. Patients must receive treatment and care. It is irresponsible to talk about drugs without talking about additional resources. We cannot talk about drugs without talking about health-delivery systems.

Prevention must remain the mainstay of our response to halt the spread of AIDS. At the same time, we must assume responsibility for those already infected. Effective health systems combine and reinforce both.

Young people must be given tools and life skills to protect themselves. Condoms must be widely available and affordable. We must increase efforts to prevent mother-to-child-transmission, and women must be empowered so that they can truly protect themselves. We must promote male responsibility. We must harness the desire of trade unions to protect their members and the interest employers have in protecting their workers.

The Security Council has recognized the impact of AIDS on peace and security. Armed conflicts fuel the epidemic and multiply the number of victims. We must work with the uniformed services, including peacekeeping personnel. During an international peace support exercise in Norway recently, I was proud to be the first to hand out the HIV/AIDS awareness card for peacekeeping operations, produced by UNAIDS and the Department for Peacekeeping Operations with Norwegian funding.

We must mobilize broadly. No government can deal with the challenges of the epidemic alone. It requires an extraordinary partnership with civil society and the private sector. It calls for alliances with all democratic forces, across political divides - and we must start at home.

In the Norwegian Ministry of Foreign Affairs, every Director-General has become a member of our AIDS team, and every department has been given an AIDS mandate. Inspired by African AIDS commissions, we have established a forum for AIDS and development, as well as an AIDSnet, where leaders — from labour, business, the cultural arena, sports, churches, non-governmental organizations

(NGOs), the mass media and the research community — have joined as partners against AIDS. I am proud to have many of them here, as members of my delegation.

The counter-offensive against AIDS cannot be won without a bigger war chest. The Norwegian Government welcomes the proposal for a new global health fund on AIDS, tuberculosis and malaria. The operational framework must be set out in close cooperation with the developing countries most affected. The fund must tie in with and complement existing efforts and structures, particularly the UNAIDS umbrella. It must be effectively geared to country implementation and must become operational soon. My Government pledges an additional 1 billion Norwegian kroner (approximately $110 million) over the next five years to international efforts against HIV/AIDS, tuberculosis and malaria. We attach particular importance to strengthening health systems in developing countries in cooperation with the World Health Organization (WHO) and to reaching the poorest and hardest-hit. How much will be channelled through existing mechanisms, and how much through the new fund, will be decided when we know more about the fund.

Let me conclude by paying tribute to the Secretary-General for the way he has made the fight against AIDS a personal cause and a priority issue for the United Nations system. His leadership will surely be needed in the follow-up of the special session as well.

The President: I give the floor to His Excellency Mr. Colin Powell, Secretary of State of the United States of America.

Mr. Powell (United States of America): I commend you, Mr. President, as well as the Secretary-General, Ambassador Wensley, Ambassador Ka and Dr. Piot of UNAIDS for pioneering this special session of the General Assembly. This will go down as a historic moment in the annals of the United Nations.

The world has entered an age of immense promise. The spread of democracies and market economies, and breakthroughs in technology permit us to envision a day in this century when most of humanity will be free from tyranny and poverty. Yet we have been blind to the fact that this promising new century has arrived at a time of plague. It is 20 years since the onset of the HIV/AIDS crisis, but we have only just begun to grasp the threat it poses to this promising new world.

AIDS is often linked to the bubonic plague of the fourteenth century, which killed one third of the population of Europe. But this is not the Middle Ages. Back then people did not know what caused the pestilence, or how it spread. They thought it resulted from an alignment of the planets or was visited upon them for their sins by a wrathful god.

We of the twenty-first century know better. We know that a virus causes AIDS, and we know how to prevent its spread. Treatments have been developed. Science has given us grounds to hope for vaccines and, ultimately, for a cure.

All of this is known. Yet, to date, our global response to this rapidly spreading scourge has been woefully inadequate. What will historians say of us if we continue to delay? Will history record a fateful moment in our time, on our watch, when action came too late? AIDS respects no man, woman or child; it knows no race, religion, class or creed. No community, country or continent is immune from its ravages. Let us resolve that, from this moment on, our response to AIDS must be no less comprehensive, no less relentless and no less swift than the pandemic itself.

President Bush joins Secretary-General Annan in the conviction that AIDS is so immense in its scope and profound in its impact that it compels new thinking and concerted action. As the President has said, only through sustained and focused international cooperation can we address problems so grave and suffering so great. Last month President Bush announced a pledge of $200 million to jump-start the global fund, a bold new public-private partnership to combat HIV/AIDS, tuberculosis and malaria. We hope this seed money will help to generate billions more from donors all over the world, and more will come from the United States as we learn where our support can be most effective.

Beyond the global fund, I am proud to say that my Government has been, and will continue to be, the largest bilateral donor in the fight against AIDS, providing 50 per cent of all international funding. To date, the United States has dedicated over $1.6 billion to combating AIDS in the developing world. President Bush's budget for the next fiscal year seeks $480 million, more than double the fiscal year 2000 amount. The President is also requesting over $3.4 billion for

AIDS research. The United States, I pledge today, will continue to lead the world in funding vital research.

President Bush has put the full force of his Government and the full force of his Cabinet behind the United States response to this crisis. He has named Secretary of Health and Human Services, Tommy Thompson, who is here today, and me to co-chair a special task force to ensure that my Government's efforts are comprehensive and coordinated. Comprehensive and coordinated these efforts must be, for AIDS is not just a humanitarian or health issue; it not only kills, but it also destroys communities; it decimates countries, it destabilizes regions; it can consume continents.

No war on the face of the earth is more destructive than the AIDS pandemic. I was a soldier, but I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front lines; we must wage it on every front; and only an integrated approach makes sense — an approach that emphasizes prevention and public education. But it must also include treatment, care for orphans, measures to stop mother-to-child transmission, affordable drugs, delivery systems, infrastructure and medical training; and, of course, it must include research into vaccines and a cure. All of these elements are essential and must be aggressively pursued. But unless a strong emphasis is put on prevention, prevention and more prevention, this pandemic will continue to rage out of control.

In this global war against AIDS, everyone can and must be a leader. Everyone can and must be an ally. We are all vulnerable, big nations and small, the wealthy and the poor. We cannot let AIDS divide us. My country is ready to work with all nations to build a global coalition of action against this common foe. It is not just Governments that can play leadership roles; philanthropists, foundations and corporations must step up to the challenge. Contributing to the global fund is one important way to do that, and I urge all members of the international community, public and private, to join in making substantial pledges to this crusade.

I do not, however, want to leave the impression that the global fund is only for big donors. The United Nations Children's Fund (UNICEF) is a wonderful example of how grass-roots efforts can raise significant money and international awareness. Leadership also comes from individuals, non-governmental institutions and faith-based organizations. Let me describe just a few of those organizations and people that are doing such wonderful work, the kind of people and organizations we can help with this trust fund. For example, there is Dr. Jean William Pape, who co-founded the only institution in Haiti that gives post-graduate AIDS training to medical workers. In Poland, Father Arkadiusz Nowak speaks out against the misperception that AIDS is a punishment from God. He has established a foundation and homes for people with AIDS. In Tahiti, 26-year old journalist Maire Bopp DuPont has used her HIV-positive status to raise awareness through a popular radio show. All of these people do what they can, speaking out, and we should help encourage millions more to do so. Silence kills. Silence kills. Breaking the silence is a powerful way that people at all levels of society can combat the disease. I do not underestimate the courage it can take to come forward, to challenge taboos and change traditions, but that kind of courage is needed or more people will die.

Opinion leaders from all walks of life must deliver the message that AIDS is real, that our enemy is the HIV virus, not its victims, that those who carry HIV deserve compassion, not ostracism, that they deserve to be treated with dignity, not with disdain. I must — you must — all public officials must use the spotlight we are given to speak out and make AIDS a top priority.

Many speakers have noted the dreadful toll that AIDS is taking. After the tenth or the twentieth speech, even the most shocking statistics start to numb. But let me try to make it more relevant. This Hall holds about 2,000 people. By the time three hours of this session elapse, 2,000 people around the world — just about the same number right here — will have been newly diagnosed with HIV/AIDS. That is one for each one in this room. In some countries, the infection rate is so high that one in three of us — the representative to your right, the representative to your left, or you yourself — would be HIV-positive. If this disease goes unchecked, the misery and destruction will continue to grow exponentially. It can rob us of our future. We must not let it rob us of our future.

The world is looking to us today; the world wants us to act. We must act, and we must act now. This is the time, this is the place, and we must not fail the people of the world who are looking to us for leadership.

The President: I now give the floor to The Honourable Mantombazana Tshabalala-Msimang, Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): Our country, South Africa, is one of the most affected by HIV and AIDS. We have come to New York not just because we care about our people and our country but also because in a real way the destiny of the nations and peoples of the world will take a turn for the better or worse depending on how we elect to conduct this important gathering.

South Africa has to contend with this catastrophe against the background of pervasive poverty, underdevelopment and a range of other public health challenges. Clearly, our response to the challenge we face has to be rooted in this reality.

There is a lot that we know about how to mitigate the impact of HIV and AIDS. Most of these strategies are eloquently covered in the draft declaration before us. Fundamental among these is the need to anchor our efforts in strong preventive programmes, with a specific focus on youth, in the empowerment of women and the girl child and in ensuring that men become part of the solution. The national programme we pursue incorporates all these elements.

Mr. Ngedup (Bhutan), Vice-President, took the Chair.

Some of the key prevention programmes we have in place are the life-skills programme, which is a compulsory component of our school curriculum, the free supply of quality condoms and public-awareness campaigns that target all sectors of our society. Although still at the beginning of a long journey, we are encouraged by some of the results of some of these programmes.

Many HIV/AIDS prevention programmes have additional benefits that may be overlooked. Many of these interventions involve many role players and target communities with widespread positive outcomes. For example, condom programmes also prevent sexually transmitted infections that are spread in the same way as is HIV. Life-skills programmes in schools and the encouragement of condom use among adolescents who engage in sex will complement efforts to postpone sexual debut and reduce teenage pregnancy and abortion and, as a result, will improve school completion rates among young girls. Young girls will thus be able to acquire skills, be productive and have a better quality of life. Although these benefits are difficult to quantify, they should not be overlooked.

Programmes to reduce mother-to-child HIV transmission pose significant challenges in developing countries where breastfeeding is the norm and lack of access to safe water and sanitation is a reality. In order to unravel these challenges, South Africa has embarked on a programme to provide a package of care for pregnant women who are HIV positive at selected sites in all of our nine provinces. We have learned through the programme at these sites that indeed there is far more to this programme than the mere administration of an antiretroviral drug. Concerns raised about the emergence of resistant viral strains following exposure to this drug will also be examined at these pilot sites. However, we see this challenge not so much as a deterrent but as a call for an intensified effort.

But let me stress that the solutions we seek are those that are rooted in our reality and which will enhance the capacity of our countries, and more specifically help secure our health systems in order to better respond to the many public health challenges that accompany HIV/AIDS, malaria and tuberculosis. In our country, for example, we face both an HIV/AIDS and a tuberculosis epidemic. It is clear that one of the major determinants of our overall success relates to our ability to intensify our tuberculosis programmes, secure high full treatment rates, reduce treatment interruptions and contain the rise in multidrug resistance tuberculosis.

As we continue to act on the basis of the best evidence available to us today, let us also continue to support research and scientific inquiry into this complex phenomenon. Let us also not forget that some simple interventions, such as the management of opportunistic infections and the provision of nutritional support for HIV-infected individuals, have a significant impact on the quality of life. Let us not shy away from the simple truth that while we know a lot today, there are many facets of both HIV and AIDS that need further elucidation. Among these efforts we include the international search for appropriate vaccines, in which our country actively participates.

Needless to say, the millions already infected and affected cry out for care and support now. We need to move with a great sense of urgency — all of us! We support the view that prevention, care and support are sides of the same coin and mutually reinforce each other.

Our task is to mobilize the requisite resources to provide a comprehensive programme. We need to assist formal and informal social support networks as may exist. In addition, greater involvement of communities, especially people living with AIDS, is key to our success.

AIDS constitutes a global crisis. No country has the luxury to opt out. What may seem to be an act of generosity may in fact be nothing but enlightened self-interest. In this regard, we should try to leverage and strengthen regional efforts. In our own region the heads of State and Government of the Southern African Development Community countries have endorsed a regional multisectoral strategy on HIV/AIDS.

We welcome the growing number of pledges that have been made to the global AIDS and health fund, and we eagerly await escalation in both the number and the size of contributions, in keeping with the scale of the problem. We are, however, a little concerned that the lack of finality with regard to its actual working may be presenting an obstacle to additional pledges.

Since it is not in our collective interest to have the generosity of the international community restrained by issues of process, we would lend our voice to calls for the Secretary-General to continue his leadership role and to assist us in navigating the final stages of this course. In the meantime, we would be quite content to hear from others that the check is in the mail.

Let me conclude by thanking the international community for the support given to us during our recent court case against some elements in the pharmaceutical industry. In particular, I wish to recognize the efforts of the Secretary-General, Mr. Kofi Annan, and my President, Mr. Thabo Mbeki.

Let me also signal my Government's determination to forge enduring and constructive partnerships with the pharmaceutical industry — an undeniable key stakeholder in health-care delivery. Affordable access for the majority is a basic requirement if this century is truly to be an African century. This calls for a better balance between creating a system of incentives to drive innovation and strategies to ensure that advances translate into benefits for those most in need. Let us be bold and think more creatively. This session and the creation of a fund are small but very important first steps. We pledge the full support of our Government for this important initiative.

The Acting President: I give the floor to His Excellency Mr. Abdul Malik Kasi, Minister for Health of Pakistan.

Mr. Kasi (Pakistan): Allow me to extend, on behalf of my delegation, our warmest greetings and best wishes to you, Mr. President, in presiding over this watershed special session. We are hopeful that under your wise stewardship, this special session will be able to achieve the objectives that bring us together in facing the worst challenge that humanity has faced in centuries. We also appreciate the contribution of two co-facilitators to the outcome document.

This special session is an event of paramount importance for the entire world community. It provides us a unique opportunity not only to reaffirm our firm commitment and resolve to combat the pandemic of HIV/AIDS, but also to evolve a collective global response and a comprehensive action plan to deal with this menace of unprecedented magnitude. We must rise above narrow expediencies and focus our undivided attention on the need to prevent and combat HIV/AIDS in all parts of the world without discrimination or selectivity.

HIV/AIDS is not merely a health problem; it has become a security issue as millions of people are on the verge of extinction. More than 22 million people have died of AIDS. Over 36 million are estimated to be living with HIV/AIDS. Of these, over 25 million are in sub-Saharan Africa alone. Asia and Latin America together account for 8 million victims. Around 90 per cent of AIDS victims are living in the developing countries, where the incidence rate is aggravated by poverty, hunger, disease, lack of medical facilities, illiteracy and underdevelopment.

AIDS has become a development issue and poverty is recognized as a direct contributor to the spread of HIV/AIDS. Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This cannot be achieved without active and determined cooperation on the part of the international community, with the special participation of the developed countries, which have a moral obligation to set aside a part of their affluence to reduce the burden of poverty and alleviate human suffering. There has never been a greater necessity for urgency in responding to the needs of the developing countries through enhanced debt relief, market access and official development assistance.

We appreciate the personal commitment and dedication of Secretary-General Kofi Annan in intensifying international efforts against AIDS as a matter of priority. The campaign for a global AIDS fund launched by him lays out a solid foundation on which a global response to HIV/AIDS should be built. We hope that generous contributions will be made to the fund and that they will eventually rise to $10 billion annually, the level of spending currently envisaged.

We are happy to see representatives of international pharmaceutical companies here. While welcoming them, we urge them to consider HIV/AIDS as a humanitarian issue and not as a commercial venture. Human life is much too precious to be used for profit. We hope that, besides making generous contributions to the fund, they will complement it by providing treatment for HIV/AIDS, at least to the victims in the least developed countries of sub-Saharan Africa, at affordable prices.

HIV/AIDS in Africa is the cross-cutting theme of this session. It is Africa that is most severely affected and where combating AIDS is proving to be the most difficult task, due to abject poverty, a lack of domestic resources and a heavy debt burden. Pakistan attaches great importance to this special session on HIV/AIDS not only because of the humanitarian dimension of the problem, but also because we accord a high priority to our relations with Africa. We feel the heat of the inferno decimating hundreds of Africans every day. We share the pain and agony of our African brothers. We have come to this meeting to express our solidarity and to reiterate our support in their struggle against HIV/AIDS.

The Secretary-General, in his report on HIV/AIDS, has given an exhaustive and comprehensive account of the humanitarian, development, social and cultural dimensions of the pandemic. We believe that every country has to chalk out its own preventive and combative strategy and to formulate and implement goal-oriented policies best suited to its circumstances. International involvement should be limited to resource mobilization, sharing the benefits of research and technological advancement and making available affordable and sustainable treatment and medicines. Above all, it is time now to recognize the fundamental human right to development.

Indeed, we are facing a human calamity, which must be fought by all of us with unity of purpose. In this collective struggle, there is no room for rhetoric or rancour. We need action and the mobilization of resources to fight this war against HIV/AIDS. We must not let controversial norms or behaviours overshadow our struggle, but we must remain sensitive to each other's value systems. While pursuing our crusade against the pandemic, let us continue to show respect for each other's cultures, faiths and values. Tolerance, freedom of choice and the spirit of mutual respect and cooperation must continue to guide our interaction as we prepare ourselves to meet this greatest challenge of our times.

Pakistan, to a large extent, has so far managed to remain protected from the spread of AIDS. By the end of 2000, a total of 1,549 HIV-positive and 202 AIDS cases had been reported, but we believe that even one AIDS case is an epidemic. Since the diagnosis of the first AIDS case in Pakistan in 1986, the challenge has been taken very seriously. In 1990, the first Government-sponsored project for AIDS control in Pakistan was implemented with the support of the World Health Organization. In 1993, a more extended national AIDS control programme was launched under the national agenda. Since then, HIV/AIDS control has been made an essential element of six major health development projects.

Prevention is the mainstay of our AIDS-control strategy. I do not wish to go into the details, which are reflected in the distributed text of our statement. We are proud to say that the Government of Pakistan has put the building blocks of a strong prevention programme in place. We are ready to accelerate and expand our efforts in concert with the international community to cope with the twin scourge of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Jon Kristjansson, Minister of Health and Social Security of Iceland.

Mr. Kristjansson (Iceland): Even though Iceland ranks among the nations with the highest income per capita of the world, enjoys a high standard of education, is an island and shares no borders with other countries, Icelanders have not been left unaffected by the misery of AIDS. Iceland's problems in this respect, however, are minimal in comparison with the problems of many other nations, particularly in Africa.

In only 20 years, the epidemic has spread all across the world. Over 20 million people have died as a result of AIDS. Almost 40 million men, women and children are afflicted by this disease at this time. Over 10 million children are orphans as a result of this epidemic. The problem is therefore of enormous proportions, particularly in sub-Saharan Africa, which is home to 70 per cent of the adults and 80 per cent of the children afflicted by the disease.

I want to pay a tribute to the Secretary-General for his very important initiative. This United Nations special session on HIV/AIDS is fully justified.

The distribution of this disease in the world is not even. Many of the poorest nations of the world are most severely affected. The consequences of the disease are dreadful. Entire generations of young people are deprived of their lives in an untimely manner. Social institutions are decimated. Poverty is growing. Economic growth and stability are at risk. In some of the most densely populated countries of the world, the epidemic is still in its initial stages. If the epidemic spreads in these areas it will cause indescribable suffering.

What can be done? We need to face up to the problem. First of all and most importantly, we need to increase preventive measures and prevent the infection of those who are not already afflicted. Life-saving drugs and medical care must be made available to all those in need. And we also need to increase medical research.

We all know this, but that is not enough. In order to attain these objectives we need to promote human rights and to improve the situation of women. We need to continue the struggle against stigmatization and prejudice towards those who are afflicted. We need to enlighten and educate. We need to influence behaviour and customs. Otherwise, we will make no progress.

The nations that are better off need to help those who are in need. We can do this by assisting international humanitarian organizations. We can work with the pharmaceutical industry on reducing the price of drugs and we can assist poor countries in buying drugs.

Although drugs against AIDS can save lives and reduce the odds of infected mothers passing the disease on to their children, the drugs will not work unless they reach the people who need them. This is only possible if the health services of afflicted countries are functional. Drug treatment of HIV infection is not a simple matter. The medication must be taken each and every day. Side effects are not uncommon. Also, it must be possible to monitor the presence of viruses in the person under treatment.

Otherwise there is a risk of drug-resistant virus strains gaining the upper hand. This would leave us in the same position as before. Health services must be strengthened. Otherwise, we will make no progress.

Some success has been achieved in the struggle against the spread of AIDS. This has been achieved by improving the conditions of women. This has been achieved by disseminating knowledge about the transmission chain and how to break it, by recruiting young people in the struggle against AIDS, and by making drug treatment available to those who need it. This has been achieved through the active participation of HIV-infected people in the struggle against AIDS. And this has been achieved where governments lead the way and actively support preventive measures and treatment.

In spite of all this we all know that HIV is here to stay as long as there is no cure and as long as we have no effective means of vaccination. The struggle now is to keep the epidemic in check and reduce it as much as possible. HIV infection is a chronic disease that requires life-long treatment. The governments of all countries should therefore take the initiative regarding long-term plans designed to reduce the social and financial impact of the epidemic. They need to take steps to improve the position of social classes that are disadvantaged and therefore at a greater risk of infection. They need to promote achievement of the goals established regarding the fight against the epidemic, to ensure access to treatment and care for all those who need it, and to encourage the development of drugs and vaccines against HIV infection. And they need to ensure the availability of sufficient resources for the campaign against the AIDS epidemic.

Finally, I would like to mention that Iceland is now supporting the initiative of the Council of the

Baltic Sea States Task Force on Communicable Disease Control in the Baltic Sea Region, both financially and with medical expertise, where the fight against AIDS, tuberculosis and other infectious diseases are high priorities.

Before I finish I would like to announce that the Icelandic Government is fully aware of its duties and responsibilities in fighting the HIV/AIDS pandemic, and we will financially support the special global AIDS and health fund.

The Acting President: I give the floor to His Excellency Mr. Hansjörg Frick, Minister for Public Health and Social Affairs of Liechtenstein.

Mr. Frick (Liechtenstein): When the human immunodeficiency virus was discovered on 5 June 1981, hardly anyone could have predicted how tremendous and destructive an impact this virus would have on humanity — that it would indeed affect the lives of all of us, those infected and those not. We all had to learn how to live with the threat of the disease or indeed the disease itself. Twenty years later, the sheer statistical data are shocking: More than 36 million people currently living with HIV/AIDS, 22 million already fallen victim to the epidemic, 13 million children orphaned by the disease. The projections for the future are even more sombre. These numbers speak volumes, and they do not even talk about the other dimensions of the pandemic: The breakdown of families and entire communities, the destruction of the social fabric, the devastating effects on national economies and the countless untold stories of social exclusion, stigmatization and individual suffering.

We are facing a global crisis, but the epidemic has taken its most devastating toll in Africa, in particular in its sub-Saharan region. The HIV/AIDS epidemic knows no national boundaries and reached global dimensions a long time ago. The United Nations is thus the international organization that faces the enormous challenge of designing a response to this global public health crisis. We therefore welcome this special session as a historic opportunity and wish to thank Secretary-General Kofi Annan in particular for his strong personal commitment to the issue.

This special session has already been a big success through raising awareness and focusing the interest of a broad public on the continuing HIV/AIDS crisis. Now we are called upon as Governments to add to this achievement by sending a clear and strong political message. We have to commit ourselves to respond globally to the pandemic — through both national action and international cooperation.

Clearly the HIV/AIDS epidemic has to be addressed in different ways in different countries and regions. Underlying issues of a structural nature such as poverty and education pose enormous difficulties in certain countries and regions. In others, such factors are less important. Cultural factors are important everywhere, but they are not the same everywhere. The groups and individuals at particular risk also vary from country to country and from region to region. There is no easy answer to this very complex problem. An approach that proves effective in one country may be misdirected somewhere else. It is necessary to keep this fact in mind. It is also of critical importance that we are willing to share our respective experiences, to share the lessons that all of us have learned so that others, too, can benefit from them.

In our experience, prevention, which leads to a drastic reduction or, ideally, elimination of new infections, is indeed the core of an effective response to halt the spread of HIV/AIDS. This approach has proved effective not only in our region but also in many other countries. Prevention is based on information and education, general access to relevant services, and the promotion and protection of human rights. It requires openness and political will to address the root causes of the disease. It requires an ability to recognize that the marginalization and stigmatization of persons infected with the HIV virus not only exacerbates the crisis but also contributes to the further spread of the disease. Clearly, prevailing local and national circumstances have formed the basis of all prevention strategies, in particular the identification of groups that are at special risk of contracting the virus. Governmental action and leadership are critical, as is the involvement of civil society, in particular the people living with HIV/AIDS themselves.

The focus on prevention should not undermine the attention we give to the care and treatment of infected people. Access to medication is certainly the key issue in this respect. We believe that the human right of every individual to the highest attainable standards of health can and must be reconciled with the existing legal standards in the area of intellectual property rights. The business sector also has a clear responsibility in this respect. We are gratified to note that discussions in this regard are under way.

In conclusion, I would like to emphasize that the Government of Liechtenstein supports the establishment of a global fund to combat the HIV/AIDS pandemic. National strategies can only be successful if they are funded adequately. A strong international component is needed in these efforts. My Government is currently considering the level of its contribution, which we hope to be able to announce as soon as possible. Thank you.

The Acting President: Distinguished delegates, I must appeal to the representatives to be good enough to keep silent in the General Assembly Hall in order to maintain the dignity of the Assembly and out of courtesy to the speakers. Thank you. I now give the floor to His Excellency Vitaliy Moskalenko, Minister for Health Care of Ukraine.

Mr. Moskalenko (*spoke in Ukrainian*): Mr. President, on behalf of the delegation of Ukraine allow me to congratulate the participants in this session on the opening of the General Assembly special session on HIV/AIDS.

I would also like to express our sincere gratitude to the United Nations Secretary-General, Mr. Kofi Annan, for his personal contribution to the preparation of this extremely important forum. We highly appreciate the efforts of its organizers, Member States, and other participants in the negotiation process, in preparing the draft declaration to be adopted by this special session.

Fully recognizing the gravity of HIV/AIDS epidemic throughout the world, Ukraine was one of the initiators of convening this special session. Unfortunately, my country has not escaped the negative process that has affected all humanity. At present, there are more than 38,000 officially registered HIV-infected people in Ukraine. These include 2,000 people living with AIDS, of whom more than a thousand have already died.

The President and the Government of Ukraine defined the fight against HIV/AIDS among the most important priorities of our national policy. A decree signed by the President of Ukraine in 2000, which provides for the implementation of emergency measures aimed at preventing the spread of HIV/AIDS in Ukraine, shows his commitment to addressing this global challenge.

One of the first laws adopted in Ukraine after it achieved independence concerned the prevention of AIDS and the social protection of the population. Another important step provided for in the Ukrainian legislature, in keeping with international norms of human and patient rights, was to abandon the policy of obligatory HIV testing for groups at risk.

The national strategy to address the epidemic is based on establishing a whole hierarchy of national institutions covering the entire social-humanitarian sphere and on promoting effective cooperation with the international community and close collaboration with non-governmental organizations.

The national policy in this sphere is implemented by a special governmental commission on HIV/AIDS prevention, which coordinates all the aspects of the battle against HIV/AIDS.

Since independence, three national programmes on HIV/AIDS prevention have been implemented, and earlier this year the fourth programme, which defines the new strategy to address the epidemic, was approved. A network of health-care institutions for HIV/AIDS patients has been established in Ukraine and effective protective measures are being implemented to prevent mother-to-child transmission of HIV. A number of other preventive programmes for the population at risk have also been launched. Ukraine can share its experience in the application of these preventive measures with our partners in Eastern Europe and Asia in their response to HIV/AIDS.

Our national testing system and the large-scale manufacture of antiretroviral drugs in Ukraine fully meet our country's needs, but could also help to meet the demands of neighbouring States.

Given the global dimension of the epidemic, a qualitatively new approach towards mobilizing efforts at the regional level is needed. We regard the initiative to set up an Eastern European training and methodological centre on HIV/AIDS in Ukraine as one of the most efficient means of subregional cooperation. Such a centre could operate within the framework of the GUUAM Group — that is Georgia, Uzbekistan, Ukraine, Azerbaijan, and Moldova — with the participation of other interested countries.

We call upon the international community to intensify its efforts to mobilize scientific and technical resources for research into new medicines and vaccines and to ensure access to medicines through technology transfer, which would facilitate production of antiretroviral drugs at the national level.

The HIV/AIDS epidemic struck Ukraine immediately after the Chernobyl catastrophe, which affected more than 3 million citizens including 550,000 children, and which weakened the immunity of the entire population. Eliminating the aftermath of the accident and closing the Chernobyl nuclear power plant require significant resources. We therefore call upon the international community to assist Ukraine in the implementation of large-scale activities aimed at addressing the HIV/AIDS epidemic, which, with its destructive power, could have consequences greater than those of the Chernobyl disaster.

By supporting the draft declaration of the General Assembly at this special session, Ukraine undertakes the commitment to take concrete steps aimed at fulfilling the tasks and achieving the goals to be set out at the session. Our political will is evidenced by the recent decision of the President of Ukraine to declare 2002 as the Year of Combating AIDS in Ukraine.

We earnestly wish us all — every country and every nation — success in addressing HIV/AIDS. We wish success to this special session. We are convinced that only with the united efforts of the world community will we win the fight against this plague of the twenty-first century.

The Acting President: I now give the floor to Her Excellency The Right Honourable Clare Short, M.P., Secretary of State for International Development of the United Kingdom of Great Britain and Northern Ireland.

Ms. Short (United Kingdom): There is no need for me to repeat now the terrible statistics of the seriousness of the HIV/AIDS pandemic. We have heard them this morning, and I hope we all know them. HIV/AIDS is a cause of enormous suffering and premature loss of life, and is a terrible barrier to development, especially in sub-Saharan Africa, which is already the region suffering the largest and deepest poverty in the world.

But no country and no people in the world can afford to be complacent. HIV/AIDS is spreading across the world, particularly in Asia, the Caribbean, Latin America and Russia. Everyone is vulnerable, and there is still no cure. It is absolutely inevitable that the pandemic will spread to more people and more countries before things start to get better. We must urgently do more to prevent its spread.

We have, I am afraid, no reason to congratulate ourselves on the convening of this session. Of course, we welcome it, but we must face the fact that we have been aware of the infection for 20 years and that it was spreading out of control for at least 10 years. And we must not fool ourselves — welcome as this session is — into thinking that the holding of a special session of the General Assembly leads to any automatic improvement in prevention or treatment. Indeed, it is my strongly held view that we waste too much time and energy in United Nations conferences and special sessions. We use up enormous energy arguing at great length over texts that provide few if any follow-up mechanisms or assurances that Governments and United Nations agencies will carry forward the declarations on which we agree.

We must do better, and we must be determined here to do better. It was agreed, for example, at the special session held in New York to conduct a five-year review of the implementation of the outcome of the Cairo International Conference on Population and Development that we would all work for a 25 per cent reduction in transmission of HIV/AIDS among young people in worst-affected countries by 2010. We should now be asking every country, United Nations agency and Government to report annually on progress towards those already agreed targets rather than launching another general declaration. We must make these targets real and make them operationally effective rather than come to New York and say things, and then go home and carry on as before.

However, as we are all here, we must make the best possible use of this session and try to use it to energize a worldwide effort to contain the spread of the disease much more effectively. We are all aware — and it has been said this morning — that some countries have taken brave and intelligent action which has allowed them to slow down the spread of the disease. Uganda and Thailand in particular have set an important example of successful prevention. But, as the First Deputy Prime Minister of Uganda said, Uganda itself has no room for complacency.

Prevention remains the most important work, because there is still no cure for HIV/AIDS. We must, of course, press on with research on a vaccine and, very important, on microbicides. We must make antiretroviral drugs available where we can do so responsibly, but let no one pretend that antiretrovirals are a cure or that, whatever their price, most people who are infected will receive them. The truth is that most people who are affected are not served by any basic health-care system and that most suffer with poor nutrition and little basic care. We must do more to make condoms and drugs available, but we must be absolutely clear that, without a much greater commitment to building basic health-care systems, the overwhelming majority of the more than 30 million people who are already infected will not be helped.

That is where we need the big increase in expenditure of money. Yes, we need the global health fund to get drugs and commodities, but Governments themselves and development agencies must put resources into building basic health-care systems right across the world that reach all the people of the world, or, no matter what the drugs, they will not help us, because most people will not receive them.

My own department has committed £1 billion to that work, and we will commit more. The declaration made by African leaders in April 2001 at Abuja that they would commit more resources to that work is a very important commitment indeed, which must be carried through.

Twenty years' experience in our own country, the United Kingdom, and internationally assures us that if we are to prevent the spread of the infection we must speak openly about the epidemic and deal with stigma and discrimination head-on, as I think the Prime Minister of Mozambique did so powerfully earlier this morning. We know which behaviours lead to the greatest risks of transmission; we must, in each of our countries, directly, openly and honestly engage in a debate on ways to promote and protect the health of those at greatest risk of HIV infection. That means vulnerable groups which we can all accept — children, adolescents and refugees — but it must also mean the other groups with high risk of infection.

Let me say to those countries and organizations that do not wish to mention those high-risk groups that if they fail to face up to the need to take action to protect such groups, they will sentence their countries to higher rates of infection. All countries have in their populations men who have sex with men, commercial sex workers who have clients, and intravenous drug users who have sexual partners. If we fail to work together to remove the denial, the stigmatization and the discrimination that exist, we will fail to prevent the spread of the infection. Open and honest debate and the sharing of knowledge and information are essential if we are to make progress in tackling HIV/AIDS.

Work must also continue on a vaccine. In Europe and in the United States, the pharmaceutical companies are driving forward that work. But we must ensure that work continues to develop a vaccine for the strain prevalent in Africa and in other poor countries. We salute the initiative of the International AIDS Vaccine Initiative (IAVI) in organizing the funding for the important work that is taking place in Nairobi and in South Africa, and we call on development agencies and charitable foundations to continue to fund that work to find a vaccine. It is also crucial that we take forward urgently the development of a microbicide so that women are in a position to protect themselves. More than half the new infections are amongst young women who frequently lack the confidence or power to refuse sex or to demand the use of a condom. A microbicide would give them the power to protect themselves. I hope the pharmaceutical companies and others will join the Rockefeller Foundation, the Population Council, the Medical Research Council and ourselves in ensuring this work is taken forward.

I want to conclude with a word on the proposed global health fund, which needs the support of this session, the Group of 7 and the whole international community so that we can have it up and running properly by the end of the year. The fund is designed to provide drugs and commodities for the treatment and prevention of HIV/AIDS, tuberculosis and malaria. It cannot fund the development of health systems; they must be provided by Governments with the help of development agencies. But the health fund can ensure that drugs are available at reasonable prices and can encourage the development of effective delivery systems. We want to model the fund on the success of the Global Alliance for Vaccine and Immunization (GAVI), which has increased the availability and reduced the price of vaccines in the poorest countries. We believe the global fund can bring down the price and increase the supply of drugs and commodities for tuberculosis, HIV/AIDS and malaria and can also encourage research on new drugs. To be a success, it needs, like GAVI, a small, effective secretariat and a lean governing body that includes representatives of the United Nations system, development agencies and developing countries. The United Kingdom stands ready to contribute $200 million to the fund if those conditions can be agreed.

My hope is that this meeting will spur us all to action. We know what needs to be done. The lessons of best practice are summarized in the declaration. We must all go home and implement. There have been enough conferences and declarations. What we need now is urgent and much more effective action on a much wider scale to prevent the terrible suffering, loss of life and costs to development that this terrible disease is inflicting across the world.

The Acting President: May I call upon those delegates who are consulting within the Hall to do so outside, in those areas that the United Nations system is so famous for — the corridors and the lounges.

I now give the floor to His Excellency Mr. Arturo Vasi Páez, Vice-Minister of Health of the Republic of Peru.

Mr. Vasi Páez (Peru) *(spoke in Spanish)*: I have the pleasure of addressing the Assembly at this special session that is responding to the need for the international community to directly confront the task of reducing and perhaps eliminating, as soon as possible, the scourge that is the human immunodeficiency virus (HIV).

In taking up the task that lies ahead we must begin by recognizing fully that we are faced with a global problem, whose various aspects — prevention, care, support and treatment — must be dealt with in an integrated manner given that they are interrelated. It is also essential to recognize that to reduce and eliminate this problem it must be the subject of a frontal attack in all the regions of the world, without exception.

From a health perspective, probably no other problem so adversely affects the future of our peoples as does HIV infection and the complex of illnesses derived from it. The nature of the problem and its close links with factors that in theory can be prevented yet in practice cannot be controlled by public-health measures, and that involve various lifestyles and levels of education, have transformed our understanding of the interrelationship of health and illness. In addition, the impact of HIV on individuals affected by the epidemic and its consequences has serious repercussions for the economic and social development of our respective countries.

Faced with this situation, in Peru we have responded to this epidemic by taking the following decisions. We established a comprehensive programme for the control of sexually transmitted diseases with defined objectives and its own budget, funded by national resources. At present this programme has reached the stage of reinforcing strategies for prevention and care for the benefit of the community in general.

Secondly, the promulgation of the law which created what we call the anti-AIDS system has allowed for the drawing up of a national plan. This plan includes strategies for intervention focused on the reinforcement at the national level of early diagnosis and treatment of sexually transmitted infections and on taking steps to change behaviours. Free antiretroviral treatments are provided both to pregnant women infected with HIV, in order to reduce vertical transmission, and to new-born children of HIV-infected mothers. For the latter, the plan provides artificial nursing, safe blood and the promotion of the proper bio-safety practices. High-quality services are also offered to people affected by HIV/AIDS. And all of these programmes are part of an overall effort to promote and protect the human rights of persons affected by this epidemic.

In this context, we must make sure that the generalization of the epidemic is not the only possible option, nor is it the necessary outcome. Thus our goal as a country is to stop the expansion of the epidemic. For this, it is essential first to stabilize the disease at its current level and to reduce this level by using the appropriate preventive measures.

The December 2000 statistics on the HIV/AIDS epidemic in Peru indicate that we are still in an epidemic that is concentrated, above all in the population of men who have sex with men. Their rate of infection is 11 per cent. The number of cases of AIDS to date is 11,300. With regard to the means of transmission that have been detected, sexual transmission of the epidemic predominates, being the means in 96 per cent of the cases. Second in frequency is vertical mother-to-child transmission: 2.19 per cent of the cases. In third place is transmission among relatives, the rate of which in our country is very low: 1.85 per cent. However, we must point out the swift increase in the rate of infection of women, which may indicate that there is a risk of the epidemic becoming generalized, instead of being concentrated in the groups with a high prevalence of infection.

In conformity with the national situation I have described, Peru's has high expectations for the outcome of the declaration of commitments that this Assembly is to adopt. In this sense, we consider it pertinent that the international community as a whole give the maximum political support to all the resolutions adopted here.

We are also aware that the prices of antiretroviral drugs must be substantially reduced, and thus we are pleased with the international trend in this direction. Peru believes it essential that the global fund to be established here be managed in a very transparent manner and in complete accordance with a comprehensive vision that maintains a unified approach to all countries, including those, such as ours, with low incidence rates.

I wish to state that the delegation of Peru assigns the highest priority to the resolutions that may issue from this General Assembly, and thus we reiterate the commitment of our current transitional Government to uphold our political commitment to work cooperatively at the national and international to reduce and eliminate HIV/AIDS.

The Acting President: I was asked to make the following announcement on behalf of the United Nations Protocol Service. Delegations are hereby reminded that all the presidents, vice-presidents and prime ministers who will participate in the luncheon hosted by the Secretary-General are invited to come around 1 p.m. to the Indonesian lounge where they will be joined by the Secretary-General and the President of the General Assembly, and subsequently proceed to the luncheon area together.

At the same time, all other guests invited to the luncheon hosted by the Secretary-General will be expected to proceed directly to the Delegates' Dining Room and to take their seats at the luncheon tables.

I now give the floor to His Excellency Mr. Abdallah Baali, Chairman of the delegation of Algeria.

Mr. Baali (Algeria) *(spoke in French)*: The holding of this special session devoted to reviewing all the aspects of the problem that HIV/AIDS poses to all societies reveals the Member States' interest in this issue as well as their willingness to unite both their efforts and their resources to put up a united front against this global threat, which is one of the major challenges confronting the international community in the third millennium.

Although the effects of the HIV/AIDS pandemic are being felt with the same tragic force by all the populations, in the South this disease is also a true economic catastrophe which is undermining the development efforts and such progress as has been made at the cost of heavy sacrifices, in particular in the area of social development.

It is a social menace that overturns existing structures such as the family — the traditional centre of solidarity and mutual assistance. It is also a human tragedy, because it endangers the survival of whole populations — particularly people between 15 and 49 years old, of whom women and children are the most often infected. The consequences for the severely affected countries are, from all points of view, enormous. How, in fact, is it possible to respond to an ever-growing need when the necessary human and material resources for taking care of the sick and the orphaned, for example, are cruelly lacking.

To address this problem, international solidarity has a dominant and beneficial role to play in helping the countries in great need fight HIV/AIDS in an effective and sustainable manner. In our opinion, while awaiting vaccines able to protect us from this terrible disease, the only means of first checking and then reversing the current trends is to make available to developing countries at affordable prices the means of prevention and, above all, of treatment — such as tri-therapy. It is not just a question of guaranteeing the right of the sick to treatment and access to health care. No one is against that. But what we must do is to arrange things so that the countries concerned can in fact provide that treatment and care.

In this context the very positive initiatives taken by some pharmaceutical companies should be noted. This is also the place to express our satisfaction at their participation in this collective effort and to call on others to follow their example.

Already facing many complex challenges, Africa is also, of all the world's regions, the one that is being hardest hit by the HIV/AIDS pandemic. Of the 36 million people infected with the virus, more than two thirds of them are African. Of the 13 million children who are counted as having been orphaned by AIDS, 12 million are African. And three quarters of the 22 million people throughout the world who have died as a result of AIDS are African.

Aware of the serious consequences of this dreadful pandemic, both for the populations and for the economies, stability and security of the affected countries, African leaders have, since the early 1990s, been adopting a series of measures to respond collectively. These measures are set forth, inter alia, in declarations and plans of action. The most recent of these are: the framework for International Partnership Against AIDS in Africa, which was adopted during the Algiers summit in 1999; the Algiers plan of action to support HIV/AIDS orphans, vulnerable children and children infected by HIV/AIDS, which was also adopted at Algiers in April 2000; the Lomé Declaration on HIV/AIDS in Africa, adopted in July 2000; and, more recently, the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, which treats AIDS as an urgent matter for the continent, requests the lifting of all customs and economic barriers that hinder access to financing for AIDS-related activities, makes the fight against HIV/AIDS a priority issue for national development plans and, lastly, supports the establishment of the global AIDS fund.

Although not greatly affected by this global scourge, Algeria, nonetheless, like other countries, has adopted measures to protect the country against the disease. Thus, since 1998 a national programme to combat HIV/AIDS and sexually transmitted diseases has been in place. This programme is a complex of strategies, resources and structures that the country has marshalled to halt the spread of these diseases, in the framework of existing health policy. The programme has three objectives: to prevent the transmission of HIV, to reduce the impact of HIV infection on individuals and families, and to reduce the impact of AIDS on health costs.

To achieve these goals a number of priority campaigns have been implemented. These include the promotion of less risky sexual behaviour. This is carried out through education, public awareness and information campaigns for youths who are in school and those who are not, and for men and women at their workplaces. The campaigns also include facilitating access to contraceptives, addressing both the issues of cost and distribution; guaranteeing the diagnosis and early treatment of sexually transmitted diseases; organizing and strengthening access to consultation and voluntary HIV screening; expanding access to family-planning services; guaranteeing the safety of transfusions throughout the country, while monitoring the maintenance of asepsis and sterilization; guaranteeing seropositive individuals and AIDS sufferers access to health care; promoting access to social services for seropositive individuals, AIDS sufferers and their families; and, lastly, reorienting public expenditures to strengthen the health-care budget and guarantee the financing of the health-services education programmes developed by other departments.

During the various phases of implementation, a certain number of structures have been created. These include referral centres to ensure that seropositive individuals and AIDS sufferers are taken care of and provided follow-up on the biological, clinical, therapeutic and psychological levels. The centres also handle the management of diagnostic and therapeutic methods and the training of health-care personnel. Other structures include committees at the *Wilaya* level to fight sexually transmitted diseases and AIDS. The committees cover health care, as well as other sectors and associations. The effective decentralization of our fight against sexually transmitted diseases and AIDS has been achieved through a multisectoral approach.

Finally, evaluating the implementation of the programme through the development of medium-term plans, has made apparent shortcomings that will be addressed during the development of a strategic-planning process for the years 2001-2005.

For many of developing countries, fighting AIDS is, without doubt, difficult and painful because of their inability to confront the HIV/AIDS pandemic with the often pathetic resources that they have at their disposal and because of the indifference to this scourge. On this occasion may I say that I am pleased by the leadership role being played by our Organization in mobilizing the relevant actors to fight AIDS, and by the role that has been played by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its partners, as well as by the non-governmental organizations and other associations active in this field.

Finally, I would like to express the hope that the interest generated by this special session will lead to the commitments made by all those involved not being simply empty words. Rather, I hope that these commitments will be effectively implemented so as first of all to contain and then to eradicate this scourge that is threatening the very existence of humanity.

The Acting President: I am compelled to use the only power I have in my hand — the gavel — to attract the delegates' attention. May I most humbly and respectfully request the delegates not to consult within the Hall and to keep their voices down, out of respect for the speakers. I am repeating this appeal for a second time.

I now give the floor to His Excellency Mr. Yoshiro Mori, Chairman of the delegation of Japan.

Mr. Mori (Japan) (*spoke in Japanese, English text provided by the delegation*): The rapid spread of HIV/AIDS poses a threat to human society and greatly hinders the efforts of developing countries to reduce poverty, advance social and economic development and gain stability. The United Nations special session on HIV/AIDS is indeed an historic opportunity for the international community to ponder how to deal effectively with this unprecedented threat to humanity by mobilizing the wisdom and resource that we collectively possess.

The Group of Eight (G-8) Kyushu-Okinawa Summit meeting in July of last year, which I chaired, took up the issue of infectious diseases, including HIV/AIDS, as one of its leading themes. Participants in the Summit agreed to accelerate, on an urgent basis, international efforts to fight infectious diseases, setting specific numerical targets for reducing the number of victims they claim.

On that occasion, the Japanese Government announced the Okinawa Infectious Diseases Initiative, under which Japan committed itself to extending support to developing countries for measures against HIV/AIDS and other infectious diseases, with the target of allocating a total of $3 billion over the following five years. Furthermore, in December 2000, Japan hosted the Okinawa International Conference on Infectious Diseases, with the participation of representatives from the G-8 countries, developing countries, international organizations and civil society. That International Conference adopted an action plan that gave concrete form to the notion of partnership proclaimed in the communiqué of the G-8 Kyushu-Okinawa Summit.

Also, in January of this year, I, as Prime Minister of Japan at the time, visited South Africa, Kenya and then Nigeria, where my belief further deepened that there can be no stability or prosperity in the world in the twenty-first century without a solution of the problems Africa faces. I witnessed firsthand the difficult struggle against HIV/AIDS and other infectious diseases waged by the people of Africa, and I was made keenly aware once again of the importance of the problem and our responsibility for tackling it.

I am very pleased that the leadership role Japan has played has led to the opportunity to build momentum for the international community to come together to combat infectious diseases all around the world, thereby culminating, through the Millennium Summit, in this special session on HIV/AIDS.

As the largest donor of assistance to developing countries in the world, Japan has continued to place importance on cooperation in the area of infectious diseases and has been providing positive support to developing countries in their effort to take countermeasures against HIV/AIDS. Based on this experience, Japan believes that the following points are of particular importance in any future international strategy against HIV/AIDS.

First of all, the surest and most effective measure against HIV/AIDS is prevention. The importance of prevention cannot be overemphasized. Specifically, a wide range of preventive measures are urgently needed, including educational and awareness-raising activities; the wider use of condoms, ensuring safe blood supplies; improvement of public hygiene; prevention of mother-child transmission of diseases; and improvement of counselling and testing capabilities. The strengthening of support for developing countries in these areas is indeed urgently needed.

Secondly, ensuring improved access to pharmaceuticals such as antiretroviral drugs and to care for infected persons, patients and AIDS orphans is an important task. We welcome the major progress that has been made recently in this field.

At the same time, the establishment of health systems is essential for the safe and effective use of medicine. Together with improved access to medicine, the strengthening of support for human resources development in the medical field and for the improvement of medical infrastructure in developing countries is important.

Thirdly, research and development on an AIDS vaccine is a task both developed and developing countries must shoulder. It is necessary to further strengthen international cooperation in this field.

Fourthly, the efforts of the developing countries themselves are essential for measures against HIV/AIDS to be effective. In order to enhance the ownership of developing countries, it is important for them to share, through South-South cooperation, their experiences relating to effective HIV/AIDS countermeasures.

Fifthly, it is important for donor countries, developing countries, international organizations and civil society to build a partnership towards the common goal of mobilizing financial resources for the fight against the epidemic.

It goes without saying that the global struggle against HIV/AIDS requires huge financial resources. In addition to the efforts of developing countries to mobilize financial resources, strong international support is indispensable. For this purpose, the Japanese Government is determined to implement the Okinawa Infectious Diseases Initiative and has already decided on, and implemented, specific support measures amounting to a total of approximately $700 million.

Also, in order to develop further international cooperation in the field of health, discussions are now in progress towards the establishment of a global HIV/AIDS and health fund to address the prevention of HIV/AIDS, tuberculosis and malaria, and treatment and care for those who contract those diseases. The Japanese Government will spare no effort, through consultations with other countries such as the G-8 Genoa Summit meeting, to achieve the prompt establishment of the fund in an appropriate form and the commencement of its operation early next year. I would like to take this opportunity to announce, on behalf of the Japanese Government, a pledge of a substantial contribution to this global fund.

Despite the extremely severe financial situation it is currently facing, the Japanese Government is determined to participate actively in global efforts against infectious diseases, in recognition of the fact that HIV/AIDS and other such diseases represent a crisis for humankind, threatening human security and endangering the development of countries throughout the world.

The Acting President: I give the floor to His Excellency Yashar Aliyev, Chairman of the delegation of Azerbaijan.

Mr. Aliyev (Azerbaijan): In two decades, the problem of HIV/AIDS has become a truly global emergency. The epidemic has continued its relentless and merciless spread across continents, hitting harder in some places than others but sparing no country. Today we are facing terrible figures: more than 50 million people around the world are living with HIV/AIDS, the vast majority of them in sub-Saharan Africa.

On behalf of the Government and the people of my country, I should like to express our sincere sympathy to the Governments and the people of Botswana, Zimbabwe, Swaziland, Lesotho, Namibia, South Africa, Zambia, Kenya, Malawi, Djibouti and Mozambique, and to all other affected African, Asian, Caribbean and Eastern European countries which, despite all the difficulties, are rising up against the disease and the suffering it causes.

As outlined in the report of the Secretary-General (A/55/779),

> "The countries of the former USSR present some of the most dramatic trends in the worldwide AIDS epidemic ... A complicated backdrop of economic crisis, rapid social change, increased poverty and unemployment, growing prostitution and changes in sexual norms have all contributed to fuelling the rapid spread of HIV throughout the region." (*A/55/779, paras. 11 and 12*)

Azerbaijan is experiencing a humanitarian emergency, as the conflict with neighbouring Armenia has resulted in 1 million refugees and displaced persons. All of this, along with a huge migration of Azerbaijan's population into the countries of the former Soviet Union, has created conditions for the rapid spread of HIV throughout the country.

In comparison with the previous nine years, the rate of revealed HIV infection has increased 50-fold since the beginning of 2001. To cope with this scourge, a number of necessary and important measures have been taken at the national level. In 1990, the National Centre for Combating HIV/AIDS was established. That governmental institution is the primary body charged with providing all possible assistance to those who need it. In 1996, the Parliament of Azerbaijan adopted a law on the prevention of AIDS. In 1997, the country's Government approved the National Programme on AIDS prevention. Unfortunately, a shortage of financial resources has prevented us from fully implementing the Programme.

I wish to take this opportunity to express our gratitude to UNAIDS and its co-sponsors for the pilot project implemented earlier in Azerbaijan. However, at present, we are deeply concerned that our country is not a participant in any project, and we hope for a quick resolution of the matter.

If we analyse our experiences of the past 20 years, we have to recognize that the results of the fight against HIV/AIDS are still far from satisfactory. Therefore, the time has come to reconsider strategies and tactics for combating this problem at the national, regional and global levels.

We are certain that all aspects of addressing the problem are pivotal. We fully share the Secretary-General's approach, with prevention as its first objective. We must do our best to halt and reverse the spread of the virus, notably by mobilizing young people, who are at greatest risk of infection, for their own protection.

We must also prevent the cruellest, most unjust infection of all, that which passes from mother to child. All mothers must be able to find out whether they are HIV-positive or not. And those who are must have access to antiretroviral therapy, which has been shown to halve the risk of transmission.

It is needless to say how vitally important it is to put care and treatment within everyone's reach. The access to treatment for people with HIV must be dramatically improved.

And, last but not least, there is the achievement of tangible scientific breakthroughs. We are still a long way from finding a cure for HIV/AIDS and a long way from finding a vaccine against it.

The foregoing clearly manifests how complex and difficult the problem is and how combating HIV/AIDS demands concerted efforts and decisive actions by all of us. Our delegation supports the draft declaration of commitment on HIV/AIDS, "Global Crisis — Global Action", which we are going to adopt at the end of the session. We strongly believe it will be a decisive step forward, and it will lay down a solid foundation for joint effective responses against this scourge.

The Acting President: I give the floor to Ms. Lalla Joumala Alaoui, Chairperson of the delegation of Morocco.

Ms. Alaoui (Morocco) (*spoke in Arabic*): His Majesty, Mohammed VI, King of Morocco, has entrusted me with the honour of reading out the following royal speech on his behalf and with conveying His Majesty's greetings and utmost respect for this important gathering.

> "I am pleased to say how much the Kingdom of Morocco appreciates the decision taken by the United Nations General Assembly to convene a special session on HIV/AIDS. This is a commendable initiative, and we wish it full success. We also hope that this United Nations gathering will manage to mobilize the necessary resources to fight this deadly epidemic, and thus overcome the blatant contradiction involved in hailing health as a theoretical human right while allowing discrimination between the developed countries that have been able to contain the spread of AIDS, thanks to their resources and their use of medical research, and the developing countries that are powerless against stopping the spread of the disease because they lack the minimum prevention and treatment capacity. This is particularly true for the African continent, which is facing terrible danger.
>
> "We are trying to cope with the constraints of globalization and to keep abreast of developments taking place around the world. In addition, we are endeavouring to keep up with the migration flows that have now made it impossible for any nation to remain immune from this epidemic. The provision of medical protection and making it accessible to all, as well as supplying necessary drugs and medical equipment, require substantial resources from national budgets, in addition to tax and customs

duties exemptions for those medical supplies deemed necessary, especially drugs on which citizens' health is dependent, without any social, geographic or ethnic discrimination.

"We commend the praiseworthy steps taken by the United Nations Secretary-General to set up a global fund in order to enable developing countries afflicted by AIDS to secure antiretroviral drugs.

"As part of its effort to fight AIDS, Morocco has developed a comprehensive strategy based on detection, therapy and prevention. It calls for the involvement of all sectors, including Government agencies and civil society in large-scale awareness-raising campaigns through the media and among young people and populations at risk at large.

"At the same time, we are responding to the concerns set out in the United Nations draft declaration that is being considered at the present session. While expressing satisfaction with the United Nations initiatives, Morocco would like to express its hopes for obtaining preferential prices, like those granted to other countries. We also call for the setting up of additional international cooperation and coordination mechanisms to combat this epidemic, which poses a threat not only to our own development effort, but also to health security the world over.

"Given the experience, skills and know-how accumulated by Morocco and by its professional labour force over the years, and considering its continuous monitoring, evaluation and adaptation effort with respect to the initiatives and activities taken in this field, Morocco is ready to put its modest experience at the disposal of the international community and, more particularly, of brotherly African nations, in confirmation of its strong commitment to the principles of effective solidarity, principles which should guide us in all of our efforts."

The Acting President: I now give the floor to Mr. Fernando Yépez Lasso, Chairman of the delegation of Ecuador.

Mr. Yépez Lasso (Ecuador) (*spoke in Spanish*): Mr. President, it is a great pleasure for me to express the gratitude of the delegation of Ecuador for your excellent leadership in conducting our work at this extremely important special session General Assembly of the United Nations. This marks a milestone in the work of our Organization in its commitment to international cooperation, to the harmonious development of our people, to the respect for human rights and to a growing well-being of all of the members of the world community.

Consideration of this important subject, whose importance is clear for the world community, causes us to think deeply about the characteristics and the course of the current international situation. More than 10 years have gone by since the end of the cold war, and today we are living in a period of globalization, with the opening of markets, the liberalization of trade, the promotion of private investment and a revolution in information and communications technologies.

However, the situation of the developing countries has not changed much. Globalization has unfortunately widened the gap between the rich and poor. External debt is one of the most serious obstacles to development, because it prevents the implementation of programmes aimed at improving the health, education, employment, environmental management and well-being of the most disadvantaged groups of the population. The opening of markets and the liberalization of trade have benefited very few and our products still face restrictive regulations in accessing the major world markets. Cooperation for development has been reduced and scientific and technological research is moving in very well-defined directions. The large multinational enterprises own the patents for the massive production of goods and products, including medicines, and they set their prices according to their interests. On the other hand, the developing countries, which depend on technology transfer, must also overcome obstacles in order to have the intellectual property of traditional knowledge recognized.

In an international scenario with these characteristics, it is clearly difficult to effectively face the AIDS pandemic and its devastating effects. This is a great challenge for the United Nations, and this special session is precisely the first step in the right direction towards political dialogue, effective cooperation and real solidarity.

The political constitution of Ecuador guarantees the right to health and its promotion and protection, in accordance with principles of equity, universality, solidarity, quality and efficiency. Furthermore, it clearly defines the State's obligation to promote a culture for health and life, emphasizing sexual and reproductive health.

In that regard, Ecuador has developed actions to prevent and address the HIV/AIDS epidemic since the 1980s. Thus, in 1987, the programme for the prevention and control of HIV/AIDS and sexually transmitted infections was established. Following that, with a view to combining efforts and strengthening the impact of the struggle against this evil, the National Committee for the Prevention, Control and Care of HIV/AIDS was created. Finally, in April 2000, the National Congress adopted the law for HIV/AIDS prevention and comprehensive assistance, which declares the fight against this epidemic a national concern.

Therefore, Ecuador believes it is necessary to create and implement public policies aimed at systematic and sustainable monitoring actions, prevention and the care of people affected by HIV/AIDS, in the context of full respect for human rights, with a comprehensive approach and the ongoing participation of civil society organizations, particularly those made up of people affected by the disease. The goal is to achieve, over the medium term, a change in the epidemic's current trend and, if possible, to cause it to recede.

The programmes carried out by the national Government place special emphasis on the prevention of sexually transmitted infections and HIV/AIDS, which includes a focus on gender perspectives and human rights, children and adolescents attending schools, as well as on groups that, because of their social status or behaviour, are vulnerable. Special priority attention should be given to the prevention of vertical transmission of HIV/AIDS and particularly to helping people affected by the virus by facilitating access to low-cost medicines, tests and other health-care activity.

The heads of State of the Andean Community of Nations, who met yesterday at the thirteenth Andean Presidential Council in Venezuela, have expressed their great concern about the scope of the HIV/AIDS pandemic, particularly the consequences and weaknesses caused by the poverty and extreme poverty existing in the Andean subregion, whose spread causes concern. They have, therefore, expressed their confidence in the results of this Assembly, which must include a comprehensive vision for a frontal and decisive struggle against the pandemic at the global level, while recognizing that prevention, care, support and treatment are inseparable aspects that must be the subject of financing and cooperation by States, the private sector, the pharmaceutical industry, the donor countries and international organizations.

Finally, Ecuador reaffirms its full support for the international community's struggle, led by the United Nations, to confront the HIV/AIDS pandemic, as well as its firm commitment to the principles of international cooperation that allow the establishment of a more united, just and equitable world.

The Acting President: I now give the floor to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot (UNAIDS): Two paths lead from this special session — two possible futures. One path simply continues from where we are today: an epidemic that we are fighting but that is gradually defeating us. One path simply continues from where we are today; a path where tens of millions of people are dying and where a hundred million more may become infected and die in the future; where half of every new generation of boys and girls in the worst affected countries will die of AIDS.

These figures are not theoretical. They represent real lives. If we continue as we are, struggling to hold the front but each year losing a little more ground, this is the territory we will stand in, a place of pain and sorrow, a place of unimaginable loss.

But we will also be in a place of collective shame in that all together, with all of our resources, with all of our wealth, we will have failed to protect the vulnerable; we will have failed to care for the sick, protect the orphaned and stop the dying.

This is one path that leads from this special session. But there is another. We are here today to build this other path. Over the last year there has been an extraordinary shift towards a collective responsibility. In coming here today, the Member States of the United Nations declare their commitment to stop this epidemic.

Those who have been involved in this process know how hard it has been to clear the forest of denial and fear to start building this path. None of us should be surprised. These are difficult issues. The behaviours and social circumstances that drive this epidemic are not easy to understand or to talk about. Many are associated with shame and discrimination, and we often exclude what we fear.

Negotiating the declaration has required that Member States address these issues in much the same way that communities, families and couples across the world have had to — with respect, sensitivity and compassion.

A declaration of commitment must lay the foundations for the second path. It must be grounded in our experience of the epidemic and scientific evidence of what works and what does not. To achieve the goals of this declaration, we will need to redouble our efforts and then redouble them again.

This path out of the special session must be one of commitment to stop this epidemic: to never give up; to never allow the obstacles along the way to defeat us; to go on until no one living with HIV is stigmatized, excluded, shut out; to persevere until all our young people know how to protect themselves from infection and no infant is born infected with HIV; to go on until children orphaned by AIDS have the same prospects as any other children and until antiretroviral therapy is essential care for anyone living with HIV and until an affordable vaccine is available for all.

The President returned to the Chair.

Is this an impossible dream? Not at all. Over the last year, dramatic changes have shaped our view of the possible. We have seen major new commitments of resources, even this morning, and the recognition of the need for the urgent creation of a global fund on AIDS and health. We have seen unprecedented political leadership, and here I salute in particular our Secretary-General. We have seen the communities and participation of people living with HIV increasingly strong in all countries. We have seen major reductions in the price of HIV drugs, a newly mobilized United Nations system and new partnerships with the private sector, with foundations, with faith-based organizations. We know what works. We know what to do. And with uncompromising determination, we must ensure that no country, no community fails in its response to AIDS because of a lack of financial and human resources.

Two paths lead from this special session: one, a path that leads to unimaginable loss; the other, a path of commitment and hope. Representatives here have a choice. The world looks to their leadership.

Agenda item 5

Organization of the session (A/RES/55/242)

The President: The General Assembly will now return to the matter concerning the list of accredited civil society actors for participation in the debate in plenary and in the round tables.

In this connection, the Assembly has before it a conference room paper in document HIV/AIDS/CRP.6, which was transmitted by facsimile to all permanent missions on Saturday, 23 June 2001. The General Assembly also has before it document A/S-26/L.1, containing an amendment to the list of selected accredited civil society actors that may participate in the round tables of the special session of the General Assembly on HIV/AIDS, which list is reflected in the annex to conference room paper HIV/AIDS/CRP.6.

In accordance with rule 90 of the rules of procedure, the amendment must be acted on first. The Assembly shall therefore take a decision first on the amendment circulated in document A/S-26/L.1.

I call on the representative of Egypt on a point of order.

Mr. Roshdy (Egypt): All representatives present here today know what the issue at stake is. It is not the issue of an organization that will participate or not participate in a round table. It is the issue of the right of Member States to use the rule of non-objection basis. If we abolish this rule today, those countries that do not move in a group will be the countries that suffer the most.

That is why I am proposing, on behalf of the Organization of the Islamic Conference (OIC) — which represents 56 countries — a motion of no action on this amendment. I invite all representatives to press the green button to support this no-action motion in order to demonstrate our support of and solidarity with the rights of Member States.

The OIC tried to avoid starting the first day of this special session by having a vote. This is a dangerous precedent and it is not the right message the General Assembly would like to send to the outside world. That is why I am encouraging and urging all representatives to press the green button to show their support of and solidarity with each Member State's right to the non-objection basis.

The President: I call on the representative of Canada to introduce draft resolution A/S-26/L.1.

Mr. Hynes (Canada): I am pleased, on behalf of the original sponsors — Canada, Norway and Sweden — as well as the more than 30 other sponsors, to introduce draft resolution A/S-26/L.1. The additional sponsors include Andorra, Australia, Austria, Belgium, Bulgaria, Chile, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Malta, Monaco, the Netherlands, New Zealand, Poland, Portugal, Romania, San Marino, Slovenia, Spain, the United Kingdom and Yugoslavia.

The amendment contained in document A/S-26/L.1 proposes that the list of participants for round table 2 — the round table on human rights — include the name of Karyn Kaplan of the International Gay and Lesbian Human Rights Commission.

As you reported this morning, Sir, that name had been included in the original list that was circulated on 13 June, following consultations with Member States. However, following the receipt of objections from 11 unspecified countries, it was removed from the list, which is contained in conference room paper HIV/AIDS/CRP.6.

After lengthy informal discussions over the past few days, it has become apparent that your Office is not at liberty to divulge the identities of the objecting delegations; nor is it able to enlighten the Assembly as to the nature or basis of the objections; nor, it seems, were any of the anonymous objecting delegations able or willing to share any such information with other members of the Assembly.

In the circumstances, our delegations do not believe that they have sufficient information to enable them to make an informed decision to exclude this representative from the list of civil society actors. In this regard, we would note that the organization in question has been duly accredited to the special session by virtue of an earlier consensus decision of this Assembly. I would add that, as a general rule, its exclusion from this list at this stage could be justified only on the basis of clear evidence to the effect that this organization has engaged in activities contrary to the goals or fundamental principles of the United Nations. At this stage, no such evidence has been adduced, and indeed no such allegations have even been advanced.

It is an important matter of principle for our delegations that the United Nations must not, and cannot, engage in the practice of denying important privileges to organizations on the basis of a system of anonymous, arbitrary blackballing. If we accept the imposition of such procedures on any organization, regardless of whether or not we agree with its views, then no organization, regardless of whether or not we agree with its views, can be protected against such arbitrary and undemocratic process. This is why, as you recalled this morning, Mr. President, the Assembly's resolution 55/242 prescribes that all final decisions in such matters must be taken by the General Assembly.

Throughout the preparatory process for this event, in discussions on both procedural and substantive aspects of our work, it has been frequently and widely stated and agreed by all that this special session can succeed, and the battle against HIV/AIDS can be effective, only if a genuine effort is made to engage all relevant quarters of civil society in the process and in the battle. If we wish the world to regard this special session as a serious effort to contribute to this cause, our actions here today must reflect those words and that reality.

For those reasons, our delegations request that our motion for the reinstatement of this group now be taken up by the Assembly, and we would urge all other delegations to join in taking this step to preserve the integrity of this special session and of the General Assembly.

We would request, further, that this motion be considered through a recorded vote, and we would assume that following this decision the Assembly would proceed to take a decision on the entire list of civil society actors, enabling us to continue with this important event.

The sponsors of the amendment before us sincerely hope that the question we have raised in this amendment can be addressed quickly and in a dispassionate, dignified and serious fashion. This is the only fashion that is befitting the serious purposes that have brought us together this week. Let the Assembly discharge its responsibility in a businesslike manner, and let us then get on with the crucial business before us.

The President: May I ask the representatives of Egypt and Pakistan, are they asking to speak on a point of order?

Mr. Roshdy (Egypt): No, I am just asking for the floor.

The President: I now ask the representative of Pakistan, is he asking to speak on a point of order?

Mr. Chaudhry (Pakistan): Yes, because I had asked for the floor immediately after the Egyptian delegation and I was not given the opportunity to speak, so I would like to have that opportunity now.

The President: Is your intervention a point of order?

Mr. Chaudhry (Pakistan): I would have to speak in full to explain what it is about.

The President: I have to apologize, but according to the rules of procedure, no other interventions besides points of order are allowed at this stage.

We will now take up the Egyptian action — or motion for no action, which must be decided first. After that, we can continue the process.

I give the floor to the representative of the Sudan on a point of order.

Mr. Rahmtalla (Sudan): I apologize for taking the floor with a point of order.

I thought it fitting to say that you, Mr. President, should have been advised properly by the Secretariat that the first speaker to address this very important issue after you returned to the Chair was the representative of Egypt, on behalf of all the Organization of the Islamic Conference member States, and that was in the process of voting on the issue that we are addressing. I think that giving the floor to the representative of Canada was a grave mistake, because according to the rules of procedure, once a motion has been proposed it has to be seconded and voted on, and there should be no debate. I request you, Mr. President, to act accordingly.

The President: I thank the representative of the Sudan, but I have to mention that the amendment on which a motion for no action has been made had not been introduced at the twenty-sixth special session, and I gave the floor to the representative of Egypt on the basis of a point of order. Thereafter I gave the floor to the representative of Canada in order to introduce the amendment.

Now, the representative of Egypt has moved, within the terms of rule 74 of the rules of procedure, that no action be taken on the amendment contained in document A/S-26/L.1. Rule 74 reads as follows:

> "During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, two representatives may speak in favour of, and two against, the motion, after which the motion shall be immediately put to the vote."

The President: I shall now put to the vote the motion submitted. Before that, does any Member wish to speak?

I give the floor to the representative of Pakistan.

Mr. Chaudhry (Pakistan): In fact, before we had to go through this whole round of discussion, I had asked for the floor, precisely in accordance with rule 74, in order to be the second speaker. I wanted to explain our viewpoint. Now that you have given me the floor, Mr. President, with your permission, I would like to do so.

This is a matter of great importance to all of us, and it is a matter of principle. Mr. President, you circulated a letter on 13 June concerning the participation of civil society actors in the plenary and round tables. Pursuant to paragraph 30 of the annex to resolution 55/242, Member States are to consider the participation on a non-objection basis. Everyone here recalls that the principle of non-objection was formulated precisely to shorten the time period required for processing non-governmental organizations (NGOs) and civil society actors that do not have consultative status with the Economic and Social Council. For those which have consultative status there is no problem.

Several countries have raised objections to one particular NGO, which has now been introduced in document A/S-26/L.1. In your letter of 21 June, Mr. President, you took the correct action, in our view, according to procedures by deleting the organization to which there were objections.

The principle of non-objection means that if even one Member State objects to a civil society actor, that organization cannot participate. The objection raised by any Member State is not a matter for discussion in the General Assembly.

We respect the viewpoint presented by the Canadian delegation on behalf of several delegations, but we cannot accept the view that insufficient information was available to the countries that raised objections. We believe that it is not for the General Assembly to consider the merits or demerits of any objection. That is for the committee on NGOs to do. They do it every time. But this principle of non-objection was established so that all NGOs that do not have consultative status would be able to participate provided that no objections are raised.

So we do not think that the General Assembly should undertake any discussions on the antecedents or credentials of any particular NGO. We believe that the presentation of document A/S-26/L.1 and this whole question are a violation of the procedure that we had agreed in resolution 55/242. We therefore fully support the no-action motion presented by Egypt, and we believe that we should all support the no-action motion as a matter of principle.

The President: I give the floor to the representative of Sweden.

Mr. Schori (Sweden): The European Union is convinced that our common goals cannot be achieved without partnerships involving Governments, international organizations, the business community and civil society. This concept is more relevant than ever when we are dealing with a challenge of such magnitude as the global HIV/AIDS epidemic.

As we know very well, the issue before us today is whether the special session is willing to take into account the views and experiences of a particular civil society organization: the International Gay and Lesbian Human Rights Commission. The active participation of this organization, which has already been accredited by the General Assembly, has been challenged by a group of 11 anonymous delegations. We have to assume that objections to the participation of this organization constitute an attempt to exclude it on the basis of its efforts to counteract discrimination based on sexual orientation.

Consequently, as the Assembly has heard, my own delegation, together with Canada and Norway, has submitted this amendment on the proposed list of participants for round table 2 in order to reinstate the International Gay and Lesbian Human Rights Commission in its proper place on the list. We encourage the delegations that believe that the leadership of Governments has to be complemented with the active involvement of civil society — including the parts of civil society that are most vulnerable to or at the greatest risk of HIV infection — to support our amendment to the list.

In line with this, the European Union just stated that we would appeal to the Organization of the Islamic Conference to withdraw its no-action motion and allow a decision on the issue in question: the proposal to reinstate the organization on the list.

The President: I give the floor to the representative of the Libyan Arab Jamahiriya.

Mr. Barg (Libyan Arab Jamahiriya) (*spoke in Arabic*): Before going into the substance of my statement, I would like to second the proposal of my colleague from Egypt to move directly to a vote. I second the motion immediately to vote on his motion.

I would like to draw attention to document A/S-26/3 concerning countries which may not be able to vote.

The President: I now give the floor to the representative of Norway.

Mr. Hønningstad (Norway): I speak against the Egyptian no-action motion on behalf of the sponsors of the amendment to the list, as stated in document A/S-26/L.1.

I listened very carefully to the argument presented by the proposer of the motion, Egypt, and by those who spoke in favour of it. They make a point relating to the intentions of paragraph 30 of the annex to resolution 55/242, which clearly states that decisions should be taken on a non-objection basis for final decision by the General Assembly.

What we have here is a small number of countries, through their misinterpretation of a decision already taken by the General Assembly, trying to limit the Assembly's ability to take a final decision on non-governmental organization and civil society participation in the special session. That is absolutely a misinterpretation, and those of us who participated in the informal consultations that forwarded to the General Assembly the draft resolution adopted as resolution 55/242 know that very well. We had a thorough discussion of all aspects of how it should be interpreted.

But it is more than that. It is also a question of what kind of organization the United Nations is, and what kind of organization we are turning into. The Secretary-General, in his report to the Millennium Assembly (A/54/2000), named this as the greatest challenge to the United Nations in this millennium: to be open, transparent and relevant to the people, to civil society, to the business community — to the world at large. That is what this is really about. It is a fight about the soul of the United Nations: in which direction are we going?

Another thing relates to the practical consequences if a no-action motion is adopted. That would mean that we have no civil society or non-governmental organization participation during the session. If there is one area where we really need partnerships and cooperation, it is in this area: the battle against HIV/AIDS. Those organizations have a world of deep expertise that this body really needs. The United Nations can never be an organization, a debating forum, a General Assembly for Governments: that would be an organization that, in the long run, would not have the right to life.

I appeal to the 11 delegations that object to the participation of this non-governmental organization to withdraw their motion.

The President: We have now heard two speakers in favour of the motion and two against it. I shall now put to the vote the motion submitted by the representative of Egypt, that no action be taken on the amendment contained in document A/S-26/L.1.

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Algeria, Bahrain, Belarus, Benin, Bhutan, Brunei Darussalam, Burkina Faso, Cameroon, China, Comoros, Congo, Côte d'Ivoire, Cuba, Djibouti, Egypt, El Salvador, Gambia, Haiti, Indonesia, Iran (Islamic Republic of), Kenya, Kuwait, Lebanon, Libyan Arab Jamahiriya, Malaysia, Maldives, Mali, Mauritania, Morocco, Namibia, Nepal, Nigeria, Oman, Pakistan, Qatar, Russian Federation, Saudi Arabia, Senegal, South Africa, Sudan, Syrian Arab Republic, Togo, Tunisia, United Arab Emirates, United Republic of Tanzania, Yemen

Against:

Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Dominican Republic, Ecuador, Fiji, Finland, France, Germany, Greece, Grenada, Guatemala, Hungary, Iceland, India, Ireland, Israel, Italy, Japan, Liechtenstein, Luxembourg, Malta, Micronesia (Federated States of), Monaco, Netherlands, New Zealand, Nicaragua, Norway, Panama, Poland, Portugal, Republic of Korea, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, the former Yugoslav Republic of Macedonia, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia

Abstaining:

Antigua and Barbuda, Bahamas, Barbados, Cape Verde, Ethiopia, Ghana, Jamaica, Madagascar, Mexico, Myanmar, Philippines, Rwanda, Saint Lucia, Singapore, Sri Lanka, Swaziland, Tajikistan, Thailand, Zambia

The motion was rejected by 63 votes to 46, with 19 abstentions.

The President: I call on the representative of Japan, who wishes to make a statement in explanation of vote.

Mr. Akasaka (Japan): Japan voted against the no-action motion, and I would like to give a brief explanation of the reason we did so. A no-action motion, in our view, would deprive Member States of their liberty to express their views on the issue in question. Japan has always opposed such no-action motions as a matter of principle, whatever issues they might concern.

The President: Since the motion for no action was not adopted, the Assembly will next proceed in accordance with rule 90 of the rules of procedure to take a decision on the amendment contained in document A/S-26/L.1.

I call on the representative of Pakistan on a point of order.

Mr. Chaudhry (Pakistan): Before we proceed any further with our business, I would request the President kindly to ascertain the status of the quorum in the Assembly under rule 67 of the rules of procedure.

The President: Since the representative of Pakistan asked about the quorum, the result of the previous vote clearly indicated that we have a quorum of 128.

I give the floor to the representative of the Sudan.

Mr. Rahmtalla (Sudan): Like my colleague from Japan, I want to address briefly the position of my delegation, stating why we have supported the no-action motion. My country has, for a long time, been a member of the non-governmental organization (NGO) committee. We have upheld the principles of transparency and of right and proper procedure.

Every one of us here knows very well that the principle of the non-objection basis is a very creative innovation. It is an innovation that has been created to facilitate the work and the participation of NGOs and civil society in the deliberations of the United Nations. The latest instance is the process that is going on for the International Conference on Financing for Development. However, I regret to state that the very unfortunate action the Assembly has taken today will create a very serious precedent in terms of future usage of that innovation. And I can bet you, Mr. President, that from now on, on every proposal on every committee and on every commission, you will have an objection to the principle of non-objection. And I think those who have supported the proposal should bear the responsibility for denying, in real terms, or facilitating the participation of NGOs and civil society.

Today we are in a very important session on HIV/AIDS. But we also have other important processes where responsible NGOs and civil society have been making a positive contribution to the work of the United Nations. I thought I should make that explanation.

The President: Now I give the floor to the representative of Norway.

Mr. Hønningstad (Norway): As I understand it, Mr. President, you ruled that the quorum was already established in the first vote we had on the same issue, and the quorum question cannot be relevant in this respect. I respect your ruling, Mr. President.

The President: I give the floor to the representative of Egypt.

Mr. Roshdy (Egypt): My delegation supports the proposal of Pakistan to check the quorum. Some time has passed since we took the vote, and I think all of us should pay some courtesy to our colleagues. Guided by rule 126 of the rules of procedure, explaining the meaning of the phrase "members present and voting", we have to check the quorum because, I am sorry, I cannot agree with the current figure we have because we have only 109 members present and voting; this rule states that members who abstain from voting are considered as not voting. So this means that, in the next vote, if only 15 more members do not push any button, we do not have a quorum. So I think we had better check the quorum before proceeding to further actions.

The President: My ruling is that all those delegations that are present compose the quorum, even those that are not voting, if they are present. But now we shall go further. Since the motion for no-action is not adopted, the Assembly will next proceed, in accordance with rule 90 of the rules of procedure, to take a decision on the amendment contained in document A/S-26/L.1. A recorded vote has been requested.

I call on the representative of Malaysia.

Ms. Abdul Aziz (Malaysia): I believe that when we pushed the button earlier, it was to indicate how we stood on the no-action motion, and I do not believe that we were at the same time indicating the quorum in this house. I think to determine quorum, you would now have to determine it from this point on and not based on the indication given for a completely separate action.

While I have the floor, I would just like to say that my delegation finds it highly regrettable that the proposal put forward by the delegations of Canada, Norway and Sweden was made at all, that document A/S-26/L.1 was placed before us in this house. We believe that this proposal detracts from the importance of the issue for which the special session has been convened. With this proposal we have now compromised the participation of civil society actors from proceedings in the house in the future, from this point on.

My delegation would just like to say that we hope the delegations of Canada, Norway and Sweden feel strongly enough about the proposal that they feel it justifies compromising the participation of all society actors in future forums in this house.

Mr. President: Before we go any further, may I refer to rule 67 of the rules of procedure. The second sentence reads, "The presence of a majority of the members shall be required for any decision to be taken."

I give the floor to the representative of Pakistan.

Mr. Chaudhry (Pakistan): I had to respond after our Norwegian colleague spoke with regard to rule 67 because, after the first vote was taken, I noticed that some of the delegations were leaving the Hall. There is also a possibility that certain other delegations might not like to participate. They may not press any button, green, red, or yellow, in order to dissociate themselves from this wrong precedent we are going to set. It will be a very wrong precedent and a violation of the procedure agreed upon in resolution 55/242, as our Sudanese colleague also reminded us. So it is a possibility that we may not have any red, orange or green button pressed by anybody. People may not participate, and I saw some delegations leaving. So I would like to request you, Mr. President, to invoke rule 67 and take the quorum.

Mr. President: I give the floor to the representative of Norway on a point of order.

Mr. Hønningstad (Norway): Yes, it is a point of order based on rule 88. You, Sir, have already ruled that there is a quorum, and you have already announced the beginning of the voting, and according to rule 88 only points of order are then relevant.

The President: I have already given my ruling. Is there any representative that wishes to challenge my ruling on the quorum?

I give the floor to Egypt on a point of order.

Mr. Roshdy (Egypt): My delegation still believes that we need to check on the quorum, but if this is your ruling, Sir, then my delegation disassociates itself from this process. My delegation will not be pressing any button.

The President: May I ask the representative of Egypt, are you objecting to my ruling? If that is the case, I will put my ruling to a vote.

I will now put my ruling to a vote.

We are now voting on the quorum —

I give the floor to the representative of the Sudan on a point of order concerning my ruling that there is a quorum.

Mr. Rahmtalla (Sudan): I am making this point of order out of deep respect for Your Excellency, Sir. This is the General Assembly Hall. This is the most august body in the United Nations. Please do not allow representatives to stand up and shout in order to be seen and given the floor. I have been here in this building twice but I never saw such acts. I think we have to discipline ourselves and have this session proceed in a very smooth way.

The President: Now we are voting on my ruling on the quorum.

A recorded vote was taken.

In favour:

Andorra, Angola, Argentina, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Bhutan, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Dominican Republic, Ecuador, El Salvador, Fiji, Finland, France, Germany, Ghana, Greece, Grenada, Guatemala, Hungary, Iceland, India, Ireland, Israel, Italy, Jamaica, Japan, Kenya, Liechtenstein, Luxembourg, Madagascar, Malta, Mexico, Micronesia (Federated States of), Monaco, Namibia, Nepal, Netherlands, New Zealand, Nicaragua, Norway, Palau, Panama, Philippines, Poland, Portugal, Republic of Korea, Romania, Russian Federation, San Marino, Singapore, Slovakia, Slovenia, South Africa, Spain, Swaziland, Sweden, Tajikistan, Thailand, the former Yugoslav Republic of Macedonia, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia, Zambia

Against:

China, Saint Lucia

Abstaining:

Algeria

The ruling was carried by 85 votes to 2, with 1 abstention.

The President: Does any delegation wish to speak in explanation of vote before the vote on the amendment proposed by Canada?

I give the floor to the representative of Egypt on a point of order.

Mr. Roshdy (Egypt): Just guided by the wisdom of the Secretariat, I would like to ask, Sir, if 87 people is a quorum? Because this proves what I said earlier: we do not have a quorum. So if we proceed to any further actions and those delegations that have disassociated themselves do not press any button, this means that we do not have a quorum.

The President: Once again, rule 67 clearly says that the presence of a majority of the members shall be required for any decision to be taken. The rule speaks of the presence, not of the voting. In the previous vote there was a clear quorum taking part in the decision-making process.

Mrs. Šimonović (Croatia): My delegation would like to join the list of sponsors of A/S-26/L.1.

Ms. Abdul Aziz (Malaysia): Being very new to the proceedings of this body, as well as to the whole of the United Nations, I have a question to pose to you, Sir. In my intervention earlier I indicated that the way I understood the vote was that there was a proposal made by the representative of Egypt calling for a no-action motion and you put it to a vote. You asked delegates to vote on that motion. When my delegation voted, it was only on that motion. Subsequently you ruled that this indication — our voting on that motion — also indicated that there was a quorum in this body.

But I have noticed that from that time on there have been people leaving and entering this Hall.

As I indicated earlier, I was a little confused as to how you could determine the presence of members, because, if there was a cut-off point in time, if the quorum was just based on the way we indicated our positions on the motion on the floor, then it would seem a bit strange, as the Assembly may not be taking into consideration the presence or absence of people who have entered or left this Hall since the vote.

When we cast our vote, it was only on one point – on the motion that was before us at that point in time. I beg your kind indulgence, Mr. President, in asking you how it is that you were able to determine that there was a quorum in this body.

The President: I have recognized the presence here of the representative of Malaysia. That is what rule 67 says: "the presence of a majority of the members". I recognized the presence of a majority of the members through a vote and with my own eyes. This is just a waste of time, because we need to proceed to the vote and start the next plenary meeting at 3 p.m. I ask representatives to please help me to do this.

Again, it is a question of presence. Please — if a delegation is not present, it should not ask for the floor.

I call on the representative of Malaysia on a point of order.

Ms. Abdul Aziz (Malaysia): I may be wrong in this, but if that last remark was directed at me, then I think it was a little out of place, simply because your ruling, Mr. President, was that the presence of members was indicated by our votes on the no-action motion. I think that Malaysia stated its position on that matter. So if you are indicating that, if Malaysia is not present, it should not be taking the floor, then, of course, you are going against your own ruling. This is exactly why I was asking for some clarification. If you yourself, Sir, are going against the very point you are making, how I am to understand this matter? As I indicated earlier, I am very new in this house. I believe that whatever decisions we make here will be setting precedents in future, so I do not think that we are wasting time here. My delegation kindly asks for your indulgence and would like a reply on this.

The President: May I recall that the rules of procedure state that representatives, when asking to speak on a point of order, should use it for the purpose of a point of order and not for other things.

Now I am asking for the cooperation of delegations to go further.

Mr. Roshdy (Egypt): This is a very important process, and we are involved in a very important special session, so many delegations have many people accompanying their representatives. Maybe this is the only explanation for why we have a full room. For example, my delegation has five members sitting here, but that does not mean that we are five delegations; we are five representatives in the same delegation. So I still cannot see how we can apply rule 67 of the rules of procedure to judge how many delegations are present, and I still support the proposal to check that there is a quorum.

The President: I call on those delegations who wish to speak in explanation of vote before the vote concerning the proposal made by the representative of Canada.

Mr. Alaei (Islamic Republic of Iran): I have asked for the floor in order to express my views and to comment on the question of a quorum. I think that we are in a state of procedural confusion at this moment. What I want to say is that, in ascertaining who is present or not present, we must use the rules of procedure of the General Assembly. It is not the physical recognition by the eyes of any person that determines who is present here and who is not present here. Rule 86 of the rules of procedure will clearly show us what determines the presence of delegations here.

What my delegation gathers and understands from rule 86 is that those delegations that have voted against or in favour or have abstained in the voting are considered to be present in the General Assembly. This is what we understand from rule 86. What does it mean? It means that those delegations that are absent during the voting are not present, although they may appear physically in the General Assembly. But since they do not push the button, they are absent from the voting process. Therefore they are not resent in the General Assembly procedurally, though they may be present physically.

I would draw your attention, Mr. President, to the result of the most recent vote taken in the General Assembly. The result was 85 in favour, two against and one abstention. That is a total of 88 members present in the General Assembly and participating in the voting. So, in our understanding, according to that result, a quorum has not been achieved.

We again appeal to you, Mr. President, to announce the quorum of the meeting related to the vote to be taken in a moment.

The President: I am going to interrupt those speakers who make statements other than in explanation of vote. The question of a quorum has already been decided.

Mr. Chaudry (Pakistan): With all due respect, I think that the presence of members is to be determined by the rules of procedure, not by rulings. Rule 86, rule 126 —

The President: I am terribly sorry to interrupt the representative of Pakistan, but now I am asking only for statements in explanation of vote — nothing else. We have to go on.

Mr. Pal (India): I wish to make a statement in explanation of vote.

We are clearly tackling an issue that is of the utmost sensitivity for a large number of delegations. There are social and religious sensibilities involved, and, clearly, these have to be respected.

However, in India, in our national AIDS policy, we recognize that homosexuals are a group at particular risk — a particularly vulnerable group. We recognize them as such, accepting facts, and therefore we believe that their voice should be heard in this special session of the General Assembly, without wishing to cause any offence to those whose, as I said, social and religious sensibilities are offended by the presence in normal circumstances of groups whose existence they would not wish to recognize.

Also, we looked at the provisions of resolution 55/242, which said, as many of our colleagues have reminded us, that the list of civil society actors should be presented by you, Mr. President, on a no-objection basis for final decision by the General Assembly. We recognize that the non-governmental organization (NGO) in question is not an NGO accredited to the Economic and Social Council — that is absolutely true — but it is also a fact which we take very seriously into account that the name was presented to the General Assembly in informal consultations after you had held your consultations, and this list was approved with this NGO on it. Therefore, it is a question of whether the NGO can speak in a round table.

We have one group of countries that objects to the presence of that NGO in the round table. The Canadian proposal, after you, Mr. President, withdrew the name of that NGO from the list, clearly also constitutes an objection to your amended list. We therefore are faced with a situation where in informal consultations of the plenary we have two sets of objections offsetting each other; and in those circumstances, clearly, under the terms of resolution 55/242, the final decision rests with the General Assembly.

It is for these reasons that we voted against the no-action motion mooted by Egypt, and it is for the same reasons that we will vote in favour of the Canadian proposal.

The President: I appeal to every delegation that will take the floor to be as brief as possible, because we need to start a new plenary meeting.

I give the floor to the representative of Argentina.

Mr. Simón Padrós (Argentina) (*spoke in Spanish*): The delegation of Argentina would simply like to join the list of sponsors of the draft amendment submitted by the delegation of Canada.

The President: I call on the representative of Malaysia on a point of order.

Ms. Abdul Aziz (Malaysia): I regret having to take the floor for the third time, but I believe that the first time I spoke I posed a question to you, Mr. President. I said that my understanding, when you asked for us to indicate our vote on the no-action motion put forward by the representative of Egypt, was that that was what our vote indicated. I asked you, with all due respect, if that same vote was to carry more than one meaning, to please indicate that to us. And if that was how you meant it, Sir, then I do believe that it goes against how it was understood by most delegations in this house. Seeing as how that may not have been our understanding even if you had meant it to be so, I believe that you would have to call for another vote on the no-action motion posed by Egypt on the understanding that the recorded vote would indicate not just our stand on that no-action motion but would also indicate a quorum, our presence and whatever else we may want to decide that it would indicate.

Sir, I had asked this question, and then I asked it again during my second intervention. I regret that I have to take the floor on a point of order to ask this same question. When my delegation poses a question, we sincerely hope that it will receive a reply. Until now, it has not.

The President: With all due respect, I will answer your question once again. There is no question of the presence of the members. Whether or not each of those members chooses to vote is a sovereign right and decision which we cannot count.

I give the floor to the representative of the Libyan Arab Jamahiriya on a point of order.

Mr. Barg (Libyan Arab Jamahiriya) (*spoke in Arabic*): It is indeed regrettable that the presidency has been acting in a way contrary to its action of Friday, 22 June, when it adopted a different style of work concerning the question of quorum.

We feel confused. Is the presidency consistent concerning the rules of procedure? If it is, then we would expect the presidency to apply the same criteria it applied on Friday afternoon concerning this question. Otherwise, with utmost regret we would say that the presidency is not applying the same principle. What is happening now is at best a tactic with which we do not agree.

The President: I appeal to members to give their explanations of vote. The question of the ruling of the President has already been decided.

I give the floor to the representative of Nigeria on a point of order.

Mr. Apata (Nigeria): I am taking the floor not to speak on the merits or demerits of the draft amendment, or whether we have a quorum or not, or whether your ruling was in order or not; that is not the issue. The Nigerian delegation is simply concerned and, indeed, worried about the whole turn of events since about 1 p.m. I can, without doubt, even hazard a guess as to what the headlines will be in the newspapers tomorrow, in *The New York Times*, in *Le Monde*, in the *Daily Times of Nigeria*: that the special session on HIV/AIDS has turned into a contest between the supporters of gays and those who are hostile to the gay community. That is not the purpose of this special session.

Consequently, it occurs to the Nigerian delegation that it might be wise for us not to proceed to take action on the present draft amendment, and I would therefore urge my Canadian friends and the other sponsors of that draft to tarry a little and let us, outside the premises of this grand Hall — perhaps in one of our other smaller rooms, under one of the Vice-Presidents of the General Assembly — meet and further reflect on this draft instead of forcing it to a vote. Because, instead of the draft declaration we are going to adopt on HIV/AIDS, what will be the focus of the international community tomorrow, and for the rest of the week, will be this particular draft amendment, which is not the substance of this meeting. I would therefore urge you, Mr. President, and urge the sponsors of the sponsors of the draft amendment to please delay action on it.

The President: I have invited speakers to make their explanations of vote.

Mr. Akasaka (Japan): Indeed, following your instructions and guidance, Mr. President, Japan would like to briefly explain its voting position on the draft amendment put forward by Canada and other countries.

Japan did not have any objection to the original list of selected accredited civil society actors for participation in the plenary debate and the round tables, including the representative of the International Gay and Lesbian Human Rights Commission in round table two. We did not have any objection to the participation of the non-governmental organization in question.

It is, however, regrettable that the General Assembly now has to call for a vote on this issue, despite the General Assembly resolution that states that the list of selected accredited civil society actors is expected to be considered on a non-objection basis. We are still doubtful that voting is the best solution to this delicate and important issue.

From this point of view, Japan will regretfully abstain in the voting on the draft amendment proposed by Canada and other countries.

Mr. Alaei (Iran): First, I would like to associate myself with the statement made by the representative of Malaysia, and express my regret that the question has been put before us regarding legal matters that have not been answered.

Pursuant to paragraph 30 of the annex to resolution 55/242, the General Assembly is to consider the participation of civil society actors in the round tables on a non-objection basis. On that basis, several countries have communicated their objections in writing to the President of the General Assembly regarding the participation of the International Gay and Lesbian Human Rights Commission in the round tables.

In my understanding, the principle of non-objection means that if even one Member State objects, that organization cannot participate in the meetings, and an objection raised by any Member State is not a matter for discussion in the General Assembly. It is our firm conviction that any interpretation that runs contrary to the current practice of the accreditation of non-governmental organizations to different conferences, which has been clearly developed by the General Assembly over the past decade, will hamper the spirit of consensus and general understanding inherent in resolution 55/242 and will hamper similar future processes. This is entirely undesirable in any framework.

Having said this, my delegation would like to disassociate itself from the voting process that started with the submission of the proposal contained in document A/S-26/L.1.

Mr. Roshdy (Egypt): With this explanation of vote, my delegation wishes to state that it will disassociate itself from this process. We are not participating. We are not pressing a button. We would like for it to be shown in the official records of this plenary meeting that in deciding the quorum the presidency took the results of the first vote, not the last vote. This is a very dangerous precedent, and it will put the work of the plenary of the General Assembly as a whole in great jeopardy.

Mr. Chaudhry (Pakistan): We, too, regret that on such an important issue we are resorting to the practice of voting, whereas in all international conferences and major events we had adhered to the principle of consensus. It is indeed a regrettable and very sad precedent for future conferences.

We fully share the view that our Japanese colleague expressed, that we should not have resorted to voting on such an important matter. We also would like to disassociate ourselves from the voting process, and we will not be pressing any button — green, red or yellow. We would request that this be recognized and reflected in the records. We further believe that different standards have been followed in determining the quorum, based on the two sets of votes that were held earlier.

We would also like to state for the record that our objection is based on a matter of principle - that under the principle of non-objection every State has a right to object to the presence of any civil society actor that does not have consultative status with the United Nations or the Economic and Social Council. We regret that the objections raised by a number of delegations have been ignored. We urge our interlocutors to show respect for the process and procedures. We therefore would like to disassociate ourselves from this violation of the procedures and would not like to participate in the voting by pressing any button.

Mr. Rahmtalla (Sudan): I have two points. The first, again, I make out of deep respect for you, Mr. President: every President of the General Assembly is very keen to leave behind a legacy.

The representative of Malaysia has asked you three times a very simple question, but a very, very serious question, and that is regarding the quorum. My humble experience is that there has been no President of the General Assembly who has ruled on the issue of the quorum because it would have created a very serious precedent.

The President: I have asked for explanations of vote, and the question of the quorum has already been decided. There is no question on that. I appeal to the representative of the Sudan to finish his explanation of vote.

Mr. Rahmtalla (Sudan): That is part of the whole process. It has to go on record; that is very important.

With respect to the explanation of the position of my delegation, we would like to disassociate ourselves from the coming vote for the simple reason that I stated earlier. We think that the principle of non-objection basis has been a creative and innovative principle. The action that we will be taking here will jeopardize the application of that principle in the future.

Mr. Ali (Djibouti): I am taking the floor just to record our position on the forthcoming vote. We would like to disassociate ourselves from the whole process and we are not going to press any button.

While I have the floor, may I ask you, Sir, for a clarification? When I look at the record of the voting we undertook a few minutes ago, I see the recorded votes of those who voted in favour, of those who voted against and of those who abstained, but it does not show the status of those who were present and did not participate in the voting. What is the status of those who were present but did not participate in the voting?

Ms. Abdul Aziz (Malaysia): I regret that, up to now, I have still not received a reply to the question I posed. Obviously, it is a futile exercise, so I shall refrain from putting the question again, only again not to receive a reply.

I should just like to state very clearly that my delegation would like to disassociate itself from this process. We find it regrettable and rather shameful that we have been subjected to this process for the past two hours. I think it calls into question the credibility of this house as to how votes are being read.

We would also like to disassociate ourselves from this process because we now fear that, if we do cast a vote on this proposal, it could also very creatively be read to mean other things. We now fear what casting one vote would also translate itself to mean into other things.

Mr. Al-Sulaiti (Qatar) (*spoke in Arabic*): Without giving a detailed speech, and due to the reasons presented by the delegations of Egypt, Malaysia, Iran, Pakistan, Sudan and others, my delegation will also not participate in the voting.

Mr. Al-Mazrou (Saudi Arabia) (*spoke in Arabic*): My delegation adds its name to the list of countries that will not participate in the voting because we deeply regret all the time that is being wasted on this issue instead of discussing substantial points of the declaration to be issued by this special session. For the reasons that have been presented by various representatives, we will not participate in the voting.

Mr. Al-Dosari (Bahrain) (*spoke in Arabic*): Briefly, my delegation wishes to associate itself with the statements made by the brotherly States members of the Organization of the Islamic Conference to the effect that we will not participate in the voting.

The President: I now appeal to every delegation to save time, because we have to solve this problem, in order, for instance, to allow the first meetings of the round tables to start. We cannot do that before this has been solved.

Mr. Al-Absi (United Arab Emirates) (*spoke in Arabic*): I wish to add my voice to those of the representatives of Egypt, Pakistan and others who have spoken. We disassociate ourselves from this process and shall not vote on this draft resolution.

Mr. Al Saidi (Kuwait) (*spoke in Arabic*): Very briefly, because we do not wish to waste any more time, my delegation disassociates itself from the voting process for the same reasons that have been given by the representatives of Egypt, Pakistan and the other Islamic countries.

Mr. Al-Hinai (Oman): My delegation is taking the floor to announce that it is disassociating itself from the voting process and will not be participating in the voting.

Ms. Haj Ali (Syrian Arab Republic) (*spoke in Arabic*): My delegation joins its voice to the States members of the Organization of the Islamic Conference in not participating in the voting and in disassociating ourselves from the process.

Mrs. Mint Mohamed Saleck (Mauritania) (*spoke in French*): My delegation has taken the floor to announce that we will not be participating in the voting.

Mr. Asad (Jordan) (*spoke in Arabic*): Let me add my voice to those of the States members of the Organization of the Islamic Conference in stating that we will not participate in the voting.

Mr. Diab (Lebanon): (*spoke in Arabic*): Briefly, my delegation joins those members of the Organization of the Islamic Conference who have preceded us in stating that it will not participate in the voting.

Mr. Barg (Libyan Arab Jamahiriya) (*spoke in Arabic*): Mr. President, we are very sorry that at this difficult moment you are unable to pronounce the name of our country. We are the Libyan Arab Jamahiriya, not Republic. We have surpassed the stage of republics, which we see reflected here in this Hall, and we are quite proud of the fact that we took this step back on 1 September 1969.

My delegation thinks that, as expressed in paragraph 30 of the annex to resolution 55/242, Member States have the right to decide which civil society actors will participate in the work of the General Assembly on the basis of non-objection.

We know that there are countries that have objected to the participation of a certain non-governmental organization, and we have always followed the rule of non-objection. It has been the backbone of consensus in the negotiations among us here.

We consider that it is not the right of anyone to question this principle or to question the objective basis on which countries express their views in objecting to the participation of that organization.

I want to add that we are setting a very dangerous precedent for the future of the General Assembly. This ruling will bring harm, first and foremost, to the developing countries, whose turn will come in the near future. We do not think that this new precedent will ease the problems that we are facing. In fact, they will make them more complex and difficult. On this basis, my delegation considers that it is not possible to participate in a voting process that is sorely lacking in terms of transparency, neutrality and the application of certain of the General Assembly's own rules and procedures. We are very sorry about this.

My delegation dissociates itself from this voting process. We will not participate in the voting, and we want this to be reflected in the records of this meeting.

The President: I thank the representative of the Libyan Arab Jamahiriya. No doubt that I made a mistake when I first said "Republic". I tried to correct my announcement, but the microphone was already switched over to the representative of the Libyan Arab Jamahiriya.

Because round table 1 is about to start, we need a decision here. I ask that speakers make their comments as brief as possible.

Mr. Al-Douri (Iraq) *(spoke in Arabic)*: Iraq has been deprived of its right to vote in the General Assembly by virtue of Article 19. If we had the right to vote we would dissociate ourselves from the process and not participate in the vote because we think that these procedures are not correct and are contrary to the traditional practices of the General Assembly.

Iraq supports the countries that have expressed the desire not to participate in the vote, because this is a very dangerous precedent in the work of the United Nations.

Mr. Trifuhovic (Bosnia and Herzegovina): We would like to not take part in the voting, and we would like to support the decision made by the Organization of the Islamic Conference.

The President: We have heard the last speaker in explanation of vote before the voting.

The following countries have joined the list of sponsors of draft amendment A/S-26/L.1: Argentina, Croatia and Luxembourg.

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, El Salvador, Fiji, Finland, France, Georgia, Germany, Greece, Guatemala, Honduras, Hungary, Iceland, India, Ireland, Israel, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Micronesia (Federated States of), Monaco, Netherlands, New Zealand, Norway, Palau, Panama, Poland, Portugal, Republic of Korea, Romania, San Marino, Slovakia, Slovenia, South Africa, Spain, Sweden, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia

Against:

None

Abstaining:

Algeria, Angola, Antigua and Barbuda, Bahamas, Barbados, Belarus, Belize, Bhutan, Botswana, Cameroon, Cuba, Ethiopia, Grenada, Haiti, Jamaica, Japan, Lesotho, Madagascar, Myanmar, Namibia, Nigeria, Philippines, Russian Federation, Rwanda, Sierra Leone, Singapore, Sri Lanka, Swaziland, Thailand, Zambia

Draft amendment A/S-26/L.1 was adopted by 62 votes to none, with 30 abstentions.

[The delegation of Peru subsequently informed the Secretariat that it had intended to vote in favour of the amendment.]

The President: I shall now call on those representatives who wish to explain their vote or position on the amendment just adopted.

Mr. Apata (Nigeria): A simple question that occurs to the Nigerian delegation is, “What is the purpose of this special session?” I believe that the purpose is to arrive at a global action plan to combat HIV/AIDS. This session is not about gays and lesbians — surely not. That is not to deny that fact that they are a vulnerable group in the context of HIV/AIDS. To focus attention on the participation of that group in this session is to detract from the seriousness which we as representatives of Member States, and which the entire international community, ought to attach to that scourge, which has wreaked tremendous havoc on many communities in the world, particularly on the African continent.

As we stated earlier on, we are concerned that the headlines in all the newspapers around the globe tomorrow — and indeed for months to come — will focus on this controversy instead of on the action plan to combat the epidemic. Having had the honour of hosting the African Special Summit on HIV/AIDS, at which a bold action plan was agreed upon and at which the issue of gays and lesbians was not a focus, Nigeria cannot be party to this controversy. We must hold on to the sanctity of the Abuja Declaration and Framework on HIV/AIDS, Tuberculosis and other Related Infectious Diseases of 27 April 2001.

Let me make it known, for the record, that our national law is manifestly against sodomy. That and the sanctity of the Abuja Declaration are why the Nigerian delegation deemed it appropriate to abstain in the vote on the amendment.

Mr. Navarrete (Mexico) *(spoke in Spanish)*: The delegation of Mexico abstained in the vote on the no-action motion because, unfortunately, we felt that there was insufficient clarity about the way in which the non-objection procedure and the subsequent final decision by the General Assembly should be applied. That lack of clarity was seen also in last Friday’s informal consultations on this matter, when the representative of the Legal Counsel pointed out that to date no formal written opinion had been formulated about how the two elements of the procedure — objection and subsequent final decision by the Assembly — should be applied. My delegation considers that it would be appropriate to have a formal opinion from the Legal Counsel so that we can tread on firmer ground when procedural questions arise about the issue of non-objection and subsequent final decision by the General Assembly.

The delegation of Mexico voted in favour of the proposal by Canada, Norway, Sweden and other countries because we are convinced of the importance of participation by non-governmental organizations and representatives of civil society. Such participation should be defined broadly, consistent with the diversity and richness of opinion that such organizations can contribute to our debates. That is especially true when the Assembly is discussing, as it is today, questions of great importance to all of our societies.

The President: I call on the representative of Pakistan on a point of order.

Mr. Chaudhry (Pakistan): We would like to hear the understanding of the President and of the Office of Legal Affairs about what these numbers mean. We know that there are 62 countries that would like to see the International Gay and Lesbian Human Rights Commission on the list. Our understanding of rule 67 of the rules of procedure was that the presence of a majority of members would be required for any decision to be taken. We seek guidance as to how this works out.

The President: I call on the representative of South Africa on a point of order.

Mr. Kumalo (South Africa): It is with very great reluctance and a heavy heart that I take the floor now, because I think that in the past two and a half hours we have been on a road that will make working in the United Nations more difficult than it now is. This is a session about people who are dying of HIV/AIDS. The people who are dying of HIV/AIDS are white people, black people, gay people, non-gay people — all people. Our experience in South Africa is that this is a disease that knows no differentiation.

All along, we would have preferred that this matter not get to the point where it is. We regret that we have come to this point. But above all, we regret that this process is now questioning the motives of those who choose to abstain, those who choose not to participate and those who choose to vote in favour. I do not apologize to anybody for having voted "yes" on this. As victims of past discrimination in our country, we are very sensitive when people are being discriminated against.

But this is not about discrimination; this is about people who are dying of HIV/AIDS. I truly regret that we have come to the stage we have reached, and I appeal to all delegations: we need those who chose not to participate; they are very good Members of the United Nations. We need those who chose to participate; they are very good Members of the United Nations. I would feel regret and sorrow if we were to question one another's motives. I urge that we view this as a bump on the road and move forward together, and that we really be concerned about the people who are dying of this disease.

The President: I call on the representative of the Sudan on a point of order.

Mr. Rahmtalla (Sudan): I found it a bit difficult when a point of order was raised by the representative of Pakistan on a very important and serious issue. I think it is serious for every Member State here because we are talking about the future, as well. The representative of Pakistan questioned the legitimacy of this decision, and he wanted to be absolutely sure the decision we have taken is correct in terms of the quorum and in terms of the majority required. That was a question you were asked three times, Mr. President, by the representative of Malaysia, but no answer was given to her.

The President: The representative of the Sudan and the representative of Pakistan have asked about the grounds for the decision. I think we are all quite familiar already with rule 67 of the rules of procedure, which clearly indicates that the presence of a majority of the members shall be required for any decision to be taken. We had the presence of a majority of members here in the plenary Hall when the decision was taken. Sixty-two votes were made in favour, none against, with 30 abstentions.

I call on the representative of Saint Lucia, who wishes to speak in explanation of vote or position.

Ms. Leonce (Saint Lucia): My delegation regrets having to take the floor to explain our non-participation in the process. We are very disheartened by this whole process, and we think it is a misuse of our productive time in the light of the serious issues we have come here to discuss. We think it is a major distraction from the process before us. My delegation also thinks we have set a very dangerous precedent for the future work of the General Assembly. If we had followed principle and procedure we would not have found ourselves discussing, and wasting time on, such a non-issue, which should never have come before us.

The President: I give the floor to the representative of Pakistan as a point of order.

Mr. Chaudhry (Pakistan): Mr. President, our question was not with regard to the quorum. We respected your ruling and we are not raising that. Rule 67 says that for any decision to be taken, the presence of a majority of members shall be required. Rule 84 says that for any amendment, a two-thirds majority is required. We just want to know what the number of 62 votes mean. It is not half of the membership. We just want to know whether it is a simple majority or a two-thirds majority. We would benefit from a legal opinion in this regard.

The President: Rules 83 and 84 are meant to be valid when there are proposals related to important questions, when a two-thirds majority is needed. They are not the valid rules in this connection. We have a result from the vote indicating that the majority of the members present and voting have voted in favour of the amendment. That is why I have declared that it has been adopted.

Now we shall proceed to take a decision on the list of selected accredited civil society actors for participation in the debate in the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, subsequently revised by my letter of 21 June 2001, and orally corrected during the 104th plenary meeting of the fifty-fifth regular session of the General Assembly, on 22 June 2001, as contained in the annex to conference room paper HIV/AIDS/CRP.6, and as amended.

May I take it that the Assembly decides to adopt the list of selected accredited civil society actors for participation in the debate of the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, subsequently revised by my letter of 21 June 2001, and orally corrected during the 104th plenary meeting of the fifty-fifth regular session of the General Assembly, on 22 June 2001, as contained in the annex to conference room paper HIV/AIDS/CRP.6, and as amended?

It was so decided.

The meeting rose at 3.50 p.m.

United Nations
A/S-26/PV.2

General Assembly
Twenty-sixth special session

Official Records

2nd meeting
Monday, 25 June 2001, 3 p.m.
New York

President: Mr. Holkeri .... (Finland)

The meeting was called to order at 3.55 p.m.

Agenda item 7 (*continued*)

Review of the problem of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency the Right Honourable Pakalitha Bethuel Mosisili, Prime Minister of the Kingdom of Lesotho.

Mr. Mosisili (Lesotho): This special session on HIV/AIDS offers a unique opportunity for us to assess the global impact of the AIDS pandemic and the commitment we made at the Millennium Summit to intensifying our actions in fighting this formidable scourge.

In recognition of the challenges posed to our subcontinent and the need for even more intensive efforts at the national level, the Government of Lesotho has declared HIV/AIDS a national disaster and, as such, it is being addressed in all public forums. The Lesotho Aids Programme Coordinating Authority has been established within the Prime Minister's office to oversee the national multisectoral response, as envisaged in the national strategic plan on HIV/AIDS.

Lesotho fully subscribes to the target of 25 per cent reduction by the year 2003 in the prevalence of HIV/AIDS among the 15 to 24 years age group. Our efforts at achieving this are slowly beginning to bear fruit, as evidenced by the high level of knowledge and awareness about HIV/AIDS, which is now estimated at 95 per cent.

Mr. Vohidov (Uzbekistan), Vice-President, took the Chair.

Major changes are, however, yet to be witnessed in behaviour. To this end, we are reorienting and strengthening our communications efforts towards sustainable behaviour change, with special emphasis on young people. We are also working on modalities for the extension of voluntary counselling and testing, as well as the prevention of mother-to-child transmission. We provide drugs for the treatment of opportunistic infections and will soon reach a decision on the availability and accessibility of antiretroviral therapy. However, we need support for strengthening our infrastructure, access to drugs and human resource capacity. The provision of quality home- and community-based care is also a top priority.

We believe that it is a basic human right of both the infected and affected to have access to quality care and support at all levels of our service delivery. We are thus making every effort to ensure that the human rights of both the infected and affected are respected. To this end, we are focusing on removing the stigma attached to the disease and, through the ongoing law reform process, also removing the gender disparities that negatively impact the capacity of women and girls to take control of their sexual health. We acknowledge that social empowerment at the community and household levels will have to be intensified for the

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178. Corrections will be issued after the end of the session in a consolidated corrigendum.

laws to have the desired effect on the day-to-day lives of women.

The rapid increase in the number of orphans has prompted us to direct efforts at ensuring the protection and maintenance of their access to health care, education, food and shelter. We are thus reviewing our child and social welfare policies, as well as mobilizing support for and of the concerned sectors.

For all the outcomes mentioned above to become a reality, resource availability is key. The Government of Lesotho has already decreed that every government sector should allocate a minimum of 2 per cent of its budget to AIDS control activities. We are also planning to hold a donor round-table conference in October 2001 to obtain support for our national HIV/AIDS strategic plan.

We should all be aware that any anticipated changes in the status of HIV/AIDS will not be realized if the constraints and underlying factors — including poverty, food availability and access, stigma, infrastructure, human resource capacity and drug availability — are not addressed. We thus urge the donor community to support country efforts in addressing these issues in a coordinated manner. Lesotho supports the initiative of the Secretary-General to establish a global fund for HIV/AIDS. We further request the donor community to honour the agreed target of an allocation of 0.7 per cent of their gross national product to overseas development assistance.

In conclusion, we are committed to an eventual HIV/AIDS-free Lesotho. We will continue our cooperation and collaboration nationally, regionally and globally so that we may, together, win this fight.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Alpha Oumar Konaré, President of the Republic of Mali.

President Konaré (*spoke in French*): We are here today in our common house to share a great plan with peoples and with nations. The United Nations is meeting today, as the active conscience of the international community, to provide a decisive impetus to the struggle undertaken nearly a quarter of a century ago against an illness that raises tremendous questions and concerns regarding the future of the African continent. This is a time for deeply felt moments of love, for sharing, for confidence. This is not a time for fear, for withdrawal, or for simply putting on a show.

I should like to share with the Assembly a deeply felt conviction: that the future of Africa is decisive for peace, security and international stability. No future for humankind is conceivable without Africa, or even separately from Africa. This is made particularly clear by the question before us today.

Let me add also that there can be no fight against AIDS that is not specifically and primarily based on Africa — on its painful but extremely instructive experience and on its clear-sighted will and determination to stem the scourge. Faced with the serious threat that looms over us, we must look critically at past actions. We must undertake a more comprehensive, realistic analysis. We must not give in to a feeling of powerlessness in the face of the magnitude of the difficulties facing us and the particularly unfavourable situation that prevails with respect to AIDS.

That is why I am defining this meeting as one of responsibility and hope — responsibility, because it attests to the vitality of an international community that fully shoulders its responsibilities towards its disadvantaged members and that is ready to act without any discrimination; and hope, for we will be showing our solidarity with those millions who are ill and whose future depends entirely on the present. This is a meeting inspired by an ethical system of respect for, and confidence in, the human being.

Pessimists believe that an African apocalypse is inevitable. They are resigned to seeing the continent overwhelmed by its difficulties and by a devastating holocaust.

It is the role and the mission of the United Nations to mark the way ahead, to provide the inspiration for the efforts that are needed, and to mobilize the means for the struggle and coordinate them with the States involved, with their full participation — that is, by making them aware of their responsibilities.

Today, the universal nature of the challenge means that all citizens of the planet are affected by the AIDS epidemic. Africa and the world therefore have good reason to expect a great deal from this session.

The universal general interest indeed requires us to reject the imposition of a system that would work to the exclusive benefit of the wealthy. In this particular area, as with any question dealing of the survival of humankind, we must promote international law and jurisprudence by adopting the concept of the global public good, which is indispensable for the survival of the human race.

In sub-Saharan Africa, the epidemic and its devastating effects are at the root of an unprecedented number of cases of morbidity and mortality. The result is an unacceptable social and economic burden, reduced life expectancy, and a significant decrease in national revenue for the 10 years ahead.

Africa is therefore in a situation of absolute emergency. Now more than ever, the global conscience of humanity must respond to the challenge of dealing with this epidemic, whose tragic triptych of AIDS, malaria and tuberculosis has been decimating the vital forces of the continent.

AIDS is an illness of poverty, growing in the midst of and due to poverty. It is spreading so extensively in Africa because African soil provides a particularly favourable environment for its development, more so than anywhere else. This phenomenon is promoted by poverty, war and armed conflict, and by the refugees that follow in their wake.

Let us be clear: the commitment to combat AIDS requires that countries in conflict obey the moral imperative of putting an end to those conflicts.

The epidemic has reached a level that is unbearable for our continent and poses a serious threat to its economic and social development. That is why the African heads of State, meeting in special session in Abuja, solemnly reaffirmed their commitment to combat this scourge through all possible means.

But the commitment of Africa at the highest level to combat HIV/AIDS is a long-standing one.

In Mali, since the establishment of our various national programmes to combat AIDS, a plethora of efforts have been made to stem this epidemic. All segments of our society have slowly but gradually become involved. Jointly, the Government and civil society are playing a primary role in the local response to the epidemic, in particular through the "One non-governmental organization, one health district" initiative.

Association of persons living with HIV/AIDS are at present contributing in a decisive manner to breaking the silence that surrounds the epidemic. They are also contributing to the care of persons infected and affected by HIV/AIDS.

The National Assembly, like other institutions of the Republic, has also taken on an active role, in particular in the areas of advocacy and social mobilization.

In the area of communications, the media and national, private and community radio stations have made a great contribution to disseminating information. The "AIDS synchronous" initiative, under which a nationwide network of radio stations focuses on the subject of AIDS for the month of December, merits emphasis given its originality.

The Imams and the Ulemas, as well as Christian organizations of all denominations, have made an outstanding contribution in the framework of prevention and of caring for those persons infected and affected by HIV/AIDS. Traditional practitioners, whose role is often less visible, are also participating in prevention efforts and in the treatment of AIDS-related opportunistic infections.

Action at the subregional level should be emphasized. The integration of our various national programmes to combat HIV/AIDS will make it possible to realize greater savings and to avoid needless duplication in our research efforts and our activities.

This special session must translate words into action and provide the means for a crusade against HIV/AIDS at the global level. Indeed, the full engagement of world leaders at the highest level can mobilize the necessary forces to combat the epidemic, reverse its course and ultimately eradicate it.

We are convinced that no State must be left alone in the face of HIV/AIDS. If countries are not eligible for one or another form of financing, then exceptional measures must be devised to help them to cope. We must here and now declare an "AIDS exception". We must form a coalition of national and international partners against AIDS. Only in this way can we protect ourselves in order to preserve society, contribute to maintaining life and share with those around us reasons for life and for hope.

It is for all of these reasons that we support the Secretary-General's initiative to establish a global AIDS health fund. Its management must be rigorous and transparent, but without complicated procedures, in order to facilitate its access to areas and to individuals in need.

For an exceptional situation, exceptional measures are called for. This is why Mali, while welcoming the encouraging results obtained by some countries in terms of the reduction of costs of medicines, is appealing for negotiations with pharmaceutical firms to be undertaken by others so that access to quality health care for opportunistic HIV/AIDS infections and to antiretroviral medicines will become a reality throughout Africa.

We are, finally, convinced that Africa, united and assured of a strengthened partnership on the part of the international community, will overcome AIDS and all the negative behaviour arising from AIDS.

Our problem, to sum it up, is indeed a very simple one. For this new century, are we going to build a civilization of values and of progress, knit together around man, or will we allow humankind to be destroyed through a lack of imagination and of will? Through a lack of solidarity? Our choice is clear — it is to live and work together to conquer this scourge. That is the challenge to which we are condemned to respond during this session.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Mathias Sinamenye, Vice-President of the Republic of Burundi.

Mr. Sinamenye (Burundi) (*spoke in French*): The struggle against AIDS has become a struggle for survival for our populations. AIDS is killing those who are most productive. It is affecting the youngest of our fellow citizens, and in so doing it is restricting our potential for development for today and for tomorrow. It is jeopardizing all of the efforts we are making to reduce poverty and provide a better life for our people.

In the case of Burundi, the HIV-positive rate has gone from less than 1 per cent in 1983 to approximately 15 per cent today in urban areas, and the rate is 7.5 per cent in rural areas. This demonstrates the seriousness of the situation.

AIDS today has become the primary cause of death for adults and one of the major causes of infant morbidity and mortality. The community in Burundi today must cope with increased social burdens and shoulder the negative impact of this scourge on the entire economy. Given such a situation, the Government of Burundi has established a strategic national plan to combat AIDS. That plan is multisectoral in seeking a way to cope with the illness, which is not only medical but also social.

Particular emphasis has been placed on preventive action, in which the network of individuals affected by HIV/AIDS and young people are called upon to play a role of primary importance. In addition, the Government has accelerated mobilization of the population with the support of political and religious leaders, associations to combat AIDS, women's associations and other private actors. To this end, the establishment of the National Council to Combat AIDS — an organ for concerted action and for raising awareness of this scourge, but also to mobilize resources — has supplemented our existing means.

In order to improve access to treatment for those who are ill with AIDS, the Government has also established a National Fund for Therapeutic Solidarity and has eliminated customs and other taxes on medicines, including antiretroviral medications. It has just concluded agreements with several pharmaceutical firms for price reductions of antiretroviral medicines.

Despite all of these steps, antiretroviral medicines remain inaccessible to most of the patients. This is why the availability of antiretroviral medicines in generic form seems to us the only possibility for coping with this epidemic for patients from poor countries. I would venture to hope that this issue of the production of generic antiretroviral medicines will be favourably resolved by the economic groups involved in a solution favourable to life and health.

The Government of Burundi has mobilized to seek means to combat AIDS. During the donors conference in Paris, the international community promised financial support. I have no doubt that these promises will be made specific by fully incorporating the urgency of the situation.

All of these actions which have been planned to stem the scourge of AIDS in my country will doubtless be fruitless if war and insecurity persist, for war is contributing to the spread of AIDS. This is why, after two years of negotiation, with the outstanding mediation of Mr. Nelson Mandela, and the signing of the Arusha Peace Agreement on 28 August 2000, the establishment of a ceasefire is a sine qua non for bringing the peace process to a successful conclusion and implementing the programme contained in the peace agreement. But since the signing of the agreement rebel groups have stepped up their attacks, in particular against civilian populations and targets. The international community and the countries of the region must be harsher regarding those who reject peace. They must be ready, in accordance with the Peace Agreement, to consider present acts of violence by rebel groups as a rejection of negotiations, and they must be ready to take all appropriate measures to deal with the situation, including sanctions.

In such a context, if violence and war do not cease, it will be extremely difficult for us to implement several provisions of the Agreement. This is why I am taking this opportunity to urgently ask the international community, which has so promised, to do everything possible to demand of the rebel groups that they return to the Arusha peace process.

In Burundi, AIDS is doing as much killing as war does; we need to do everything within our power to conquer both of them. This is what the Government of Burundi is attempting to do with modest means and in an extremely difficult environment. We should continue to protect vulnerable persons and orphans, to promote respect for the fundamental rights of the human person, to reduce vulnerability to HIV/AIDS and to provide support to those who are ill.

The mobilization of populations to combat AIDS is under way, and so is international mobilization. Here, I would like to pay a tribute to the initiative of the Secretary-General, Kofi Annan, for the creation of a global AIDS health fund in the fight against AIDS. This is also an opportunity to thank all of those who have contributed to it or who are planning to do so.

Finally, I would like to thank all of those who pledged contributions for Burundi in December 2000 in Paris, in particular to combat poverty and AIDS. Some of these projects have already made great headway, but I would like to ask everyone to pursue their commitments, in particularly through participation in the thematic consultations to combat AIDS planned for September 2001.

The Acting President: I now give the floor to Her Excellency Ms. Elf Borst-Eilers, Deputy Prime Minister, Minister of Health, Welfare and Sports of the Kingdom of the Netherlands.

Ms. Borst-Eilers (Netherlands): The Government of the Netherlands hopes wholeheartedly that this meeting will inspire an even stronger personal, national and international commitment to the fight against HIV/AIDS — a commitment by us, Governments, in close cooperation with civil society.

The epidemic is spreading like wildfire all over the world. Ten people are infected each and every minute — nine of them in developing countries. But AIDS is also rapidly spreading in Eastern Europe, the Caribbean and Asia. It is a fact that people living in poverty run a greater risk of infection. It is a fact that AIDS leads to higher costs, lower productivity and lower economic growth, creating a vicious circle. AIDS has a momentous impact on a country's development, as well as on the individual lives of its inhabitants.

Investing in poverty reduction is crucial in fighting the AIDS pandemic. Pro-poor growth and participatory governance is the best way to eradicate AIDS. Development is crucial, therefore, but more is needed. Solutions for the AIDS crisis should be based on respect for human rights as a guiding principle. Gender equality is a fundamental element in reducing the vulnerability of women and girls to HIV/AIDS. Therefore, empowerment of women and girls is of the essence, so that they can insist on safe sex.

Non-discrimination against HIV-infected people is not just humane, but it is also essential to avoid stigma; and fear of stigma is a major reason for denial, which hampers effective prevention. HIV-infected people are members of our societies, who should have access to work and be able to travel. The promotion and protection of human rights are inherent in reducing vulnerability to HIV/AIDS. I was very encouraged by the inspiring words of the Secretary-General this morning on this issue.

All this demands leadership — leadership by all of us — and political commitment is crucial. As long as political leaders trivialize or underestimate the problem, valuable time and human lives will continue to be lost. We have to create openness on the issue; we have to stimulate a frank and in-depth approach, involving civil society, so as to meet the challenges we face.

The Netherlands has taken the approach that prevention and the improvement of the health-care system are the cornerstone of a viable AIDS strategy. In order to win the fight, we need to invest in improvements to basic health care. We have to be sure that those improvements correspond to the needs of the affected countries. Prevention, education, information and advocacy need to be further developed on a professional and large-scale basis to reach our peoples. Our Government has therefore substantially and wholeheartedly supported the important work of UNAIDS and the United Nations Population Fund (UNFPA). The special session should commend the invaluable work of these United Nations bodies.

Treatment, access to medication and research are, of course, also part of a viable AIDS strategy. The Netherlands is one of the biggest donors to the International Aids Vaccine Initiative (IAVI). We must set our sights on the future and invest far more all over the world in the development of microbicides and a vaccine. I reiterate the Dutch Government's stance that developing countries should always be in a position to produce or import medicines that their peoples can afford. We have consistently emphasized the flexibility under the TRIPs Agreement. The Governments of developing countries should be in the position to compel pharmaceutical companies to produce for the local market or obtain cheap medicines through parallel imports.

A few words on the financial implications now. To fight the pandemic effectively, more money is essential. That is clear. The question is whether a global health and HIV/AIDS fund is the best way to raise that money. Many existing United Nations organizations, international initiatives and non-governmental organizations have more than proved their worth. They still lack sufficient resources, however. Let us not forget to support them better; let us not enter into a budgetary competition between those commendable and valuable organizations and new initiatives.

Now that a global health and HIV/AIDS fund is going to be established, I would expect the founding fathers of this idea to put their money where their mouth is. However, will this money truly be new and additional? And what conditions will be set? For example, I would be strongly opposed to any conditions that limit the flexibility of the TRIPs Agreement. We also need more clarity on the administration and management of the fund. In agreement with my honourable colleague, Clare Short, I would like to see the fund modelled on the successful Global Alliance for Vaccines and Immunization (GAVI), the global vaccines initiative. The affected countries ought to be fully involved in the fund's ultimate structure. We can no longer afford to do without their valuable ideas. Management of the fund should be a fully participatory enterprise.

The fund should seek synergy with existing initiatives, such as those of UNAIDS, UNFPA, GAVI and IAVI. Duplication or competition with existing funds and programmes should be avoided.

Once these concerns have been fully addressed, the Government of the Netherlands will be prepared to contribute. And as usual, our contribution will be substantial and additional. Our contribution will depend on the pledges of all G-7 countries in terms of additional money. We sincerely hope that the G-7 countries will challenge us on this, as some of them already did this morning.

AIDS is a problem of the world. It doesn't know any boundaries. Every country is affected. The Netherlands has also had its share in the grievance and loss that AIDS brings. Since 1985 we have been fighting a tenacious battle. Our weapons are openness, acknowledgement and information. Involvement of HIV-infected people, intravenous drug users, homosexuals, sex workers and young people has proven to be key. Infection rates are on the decline for now. However, complacency has been deleted from our word stock.

Twenty years after the start of the pandemic, here we are, finally, discussing it at the highest political level, forced to acknowledge that we have fallen short. Twenty years and millions of deaths later, there are no more excuses for denial or anything but openness, decisiveness and leadership. That is our pledge today.

The Acting President: I give the floor to His Excellency Mr. Pitak Intrawityanunt, Deputy Prime Minister of Thailand.

Mr. Intrawityanunt (Thailand): On behalf of the Government of Thailand, it is a privilege and a pleasure for me to address the twenty-sixth special session of the General Assembly on HIV/AIDS. In view of the time constraints, I will make only a few brief remarks, as the full text of my statement will be circulated.

This special session, the first high-level intergovernmental conference dedicated to the issue of HIV/AIDS, is indeed a timely initiative and opportunity for all of us to pledge our political and financial commitment to fight against the HIV/AIDS epidemic.

Over the past two decades, since the first case of HIV/AIDS, more than 22 million people worldwide have been killed. More lives have been lost to HIV/AIDS than to any kind of weapon of mass destruction. Currently, more than 36 million people are afflicted by the epidemic. HIV/AIDS is a silent global menace which threatens not only development and human security, but also international security, to the extent that the global nature of the threat has already been acknowledged by the Security Council.

HIV/AIDS is thus not a threat which any one country can address alone. It is a global crisis that needs not only national action but also regional and global cooperation. We must find ways and means to make good our resolve, stated in the Millennium Declaration, to have halted, by 2015, and to have begun to reverse, the spread of HIV/AIDS as well as the scourge of malaria and other major diseases that afflict humanity. To tackle the scourge of HIV/AIDS effectively, we must take shared responsibility in managing worldwide economic and social development as well as threats to international security, as called for by our leaders at the Millennium Summit just last year.

Recently, in our region, the Economic and Social Commission for Asia and the Pacific, at its fifty-seventh annual session, adopted by consensus a resolution submitted by Thailand, entitled "Regional call for action to fight HIV/AIDS in Asia and the Pacific". In South-East Asia, leaders of the members of the Association of South-East Asian Nations (ASEAN) have also recognized the urgency of the HIV/AIDS problem and will convene a special ASEAN summit on HIV/AIDS this coming November.

Thailand will also have the honour of hosting two very important international conferences, namely the fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, to be held from 17 to 20 December this year, and the fifteenth International Conference on AIDS, to be held in 2004.

As a country hard hit by HIV/AIDS, Thailand is gratified to be cited by United Nations agencies, the World Bank and many other organizations as having conducted one of the world's most successful AIDS prevention and awareness programmes. Indeed, our record in tackling the AIDS epidemic shows that the AIDS epidemic can be contained. From the drastic projection made in 1991 that, by 2001, 4 million people in our country would be infected with HIV/AIDS, we have instead seen the number of HIV/AIDS carriers drop by 77 per cent from that projection to less than 1 million today.

As part of our contribution to fighting this global epidemic, Thailand is prepared not only to share our experiences, but also to provide the appropriate technical assistance to other developing countries, including our friends from the African continent, in the spirit of South-South cooperation.

One of the key lessons we have learned from the HIV/AIDS experience is that the leadership must recognize the devastating scale of the epidemic and must be willing to discuss openly the enormity of the HIV/AIDS problem. Thailand was the first Asian country to break the silence and face the crisis head on. Secondly, we need to tackle the HIV/AIDS problem from both the prevention and the treatment perspectives. Thirdly, we also need to take a holistic approach which addresses human, social, economic and cultural aspects of the HIV/AIDS problem.

In particular, concerted nationwide education, prevention and awareness programmes do indeed work in controlling the spread of HIV/AIDS. And to be effective, such programmes need to encompass all sectors of society, involving efforts from the highest level to the grass-roots level, including non-governmental organizations and people living with HIV/AIDS.

In tandem with preventive measures, it is a must that care, support and treatment be an integral part of our effective response to the epidemic. However, for developing countries, the prohibitively high prices of essential drugs limit people's access to treatment.

We are very pleased to see that the United Nations has finally taken the lead in recognizing that HIV/AIDS is not only a medical and health-care issue, but also a humanitarian issue, and that it has convened this special session. We appreciate the role of UNAIDS in that regard. We also support the draft declaration of commitment to be adopted at this special session.

In that connection, Thailand wishes to urge drug-producing countries, regional and international organizations and institutions, especially the United Nations, and civil society, in particular pharmaceutical companies, to be actively involved in research and development related to HIV/AIDS vaccines and drugs, and to help make HIV vaccines and HIV/AIDS-related drugs more widely accessible and affordable by all who need them in developing countries. The production of such life-saving drugs needs to be guided more by humanitarian concerns and less by purely commercial motives.

All efforts and programmes against HIV/AIDS require not only political commitment but also financial resources. Some may claim that the costs of tackling the HIV/AIDS epidemic are too high, requiring $7 billion to $10 billion annually according to United Nations estimates. But considering that each of the world's 29 richest individuals has more than that figure in assets, and if the developed countries and the private sector, including those wealthy individuals, were to pitch in for the global struggle against HIV/AIDS, then $7 billion to $10 billion is not at all a high figure, and is certainly within our reach.

We have been fighting HIV/AIDS for more than two decades, since the first incidence of HIV/AIDS. Experiences have been shared; lessons have been learned. Still, much remains to be done, as millions of infected and affected people are dying while waiting for our help. Surely, we cannot remain indifferent. This is one humanitarian intervention to which no one should have any objection.

This special session is a promising beginning in our global crusade against this global crisis. I am confident that, with determination, sacrifice and good faith, we will attain our goal of halting the spread of HIV/AIDS by 2015. For the good of mankind, Thailand for its part is ready to play an active role in that endeavour.

The Acting President: I now give the floor to His Excellency Mr. Rogelio Pardo, Minister of Public Health of Costa Rica.

Mr. Pardo (Costa Rica) (*spoke in Spanish*): Allow me at the outset to convey my congratulations to Mr. Harri Holkeri on his well deserved election to preside over the activities of this special session of the General Assembly to review the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects. I would like also to acknowledge the excellent work of the facilitators in the preparatory process and the valuable contribution of the UNAIDS office towards the convening of this session.

The AIDS pandemic has become a major tragedy. We have heard many statistics, and it is estimated that today more than 21 million people have died as a direct consequence of the epidemic. In the Latin American and Caribbean region alone almost 2 million people suffer from this infection, which has grave consequences for our countries. While the social and human effects of AIDS are immeasurable, its economic impact is all too clear: the epidemic will dramatically reduce world economic growth.

The epidemiology of HIV/AIDS in Costa Rica has shown gradual growth. Between 1983 and November 2000 we diagnosed 3,679 HIV/AIDS cases, with a small reduction in incidence during the past two years. Eighty-eight per cent of cases occur among males but, in the past few years, the trend has been towards a growing number of cases among women. The segment between the ages of 25 to 39 is the most affected, accounting for 58 per cent of cases.

In my country, sexual transmission is the principal means of infection. Infection is more frequent among homosexuals, who account for 44.6 per cent of cases, followed by heterosexuals, with 23.8 per cent of cases, and bisexuals, who represent 15.9 per cent of cases. Transmission to haemophiliacs and through blood transfusions appears to have stopped, now amounting to only 3.4 per cent of cases. Prenatal transmission, accounting for 1.5 per cent of cases, and contagion among intravenous drug addicts, amounting to 1.1 per cent, while not high, are nonetheless alarming.

In the light of that epidemiological situation, my Government has formulated a new national strategic plan for the period 2001-2004. Under that plan, we emphasize publicity and prevention, social communication and education, and information addressed to vulnerable groups, as well as broadening the coverage of detection, diagnosis, follow-up and quality of treatment, reduction in the costs of treatment, comprehensive epidemiological attention and the building and strengthening of partnerships. We have set concrete goals in each of those priority areas, which we endeavour to achieve with the valuable support of many public and private institutions and civil society.

At present, Costa Rica provides protocolized treatment to people living with AIDS. Such treatment, along with comprehensive attention, support and advice to families, is fully guaranteed through our public health system. In recent years, our policy of careful management of generic drugs has resulted in cost reductions without lowering the quality of the medicines that are used. We support all initiatives to reduce further the cost of treatment and to develop even more effective drugs.

Costa Rica supports the draft declaration of commitment to be adopted at the end of this session; it reflects our main interests and priorities. Thus, I will limit myself to underlining a few issues of special concern to us.

We believe that it is indispensable to strengthen leadership and organization in the fight against HIV/AIDS in order to build up substantially national and international financing plans while enabling each State to see to the proper administration and management of such plans.

We are convinced that the best answer to this challenge is to strengthen prevention, especially of sexual and mother-to-child transmission. Regarding sexual transmission, we advocate the adoption of firm and universal publicity and educational measures aimed at reducing vulnerability, particularly among high-risk groups, and of concrete goals for the implementation of those measures. In Costa Rica, we are committed to promoting sex education both in primary and secondary schools and among young people outside the educational system, migrants, sex workers and men who have sex with men.

Costa Rica, as a steadfast advocate of human rights, supports all initiatives to eradicate discrimination against and segregation of people who are HIV-positive or who are living with AIDS. In April 1998, we enacted a general law on HIV/AIDS, which defined the responsibilities of the organizations dealing with this issue and the rights and obligations of people living with HIV/AIDS. It also set up mechanisms designed to reduce discrimination and to promote the social integration of those affected by the HIV virus.

My country endorses efforts to promote chemical, biological and social research. We are particularly interested in studying the habits and behaviour of higher-risk, higher-vulnerability population groups, and in developing new technologies and strategies for prevention and treatment. I reaffirm our willingness to share with other developing nations the wealth of experience that we have accumulated in the area of medical treatment. We are confident that the United Nations system and donor countries will help create the conditions necessary to support such horizontal cooperation.

Finally, let me reaffirm our commitment to the global fight against the scourge of AIDS. We are confident that this special session of the General Assembly will enable the international community to muster the political will that is indispensable to face jointly this challenge. Only thus will we be able to adopt the taxing and wide-ranging goals we must meet to overcome the pandemic and, by working together, to give meaning and dignity to our existence.

The Acting President: I call next on His Excellency Mr. Lars Engqvist, Minister for Health and Social Affairs of Sweden.

Mr. Engqvist (Sweden): I have the honour of speaking on behalf of the European Union (EU). The Central and Eastern European countries associated with the EU, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, and the associated countries, Cyprus, Malta and Turkey, align themselves with this statement. A full version of the statement is now being circulated and I will focus on some of its points.

As we pass into the third decade of the HIV/AIDS pandemic, we have repeatedly learned that we must speak openly about the epidemic, and honestly take into account which individuals are at greatest risk in the transmission of HIV, and how they come to be at risk. HIV is to a large part sexually transmitted. For an effective response to the epidemic, it is absolutely crucial that sexuality be addressed in an open and straightforward manner. We must take effective measures to ensure that people everywhere, particularly young people, know how to protect themselves from being infected. We have to facilitate access to education on sex and interpersonal relations, and access to services and methods of prevention. This should be a mainstay of HIV programmes.

Groups particularly vulnerable to HIV, such as men who have sex with men, men and women involved in prostitution and commercial sex, intravenous drug users, prisoners, mobile populations, migrants and others who are difficult to reach with information must be especially targeted by prevention efforts.

The unequal power relationships between women and men, in which women often do not have the power to insist on safe sex, endanger the health of women and girls. Every woman and girl has a right to decide freely on her own sexuality and to say no to unwanted and unprotected sex. Prevention and treatment are complementary pillars of the expanded response to AIDS. The prospects for making HIV medicine available to large groups of HIV patients in low-resource settings are improving significantly.

This brings hope for better protecting lives and human dignity. However, we must not forget that drugs are only a part of the solution for stopping the epidemic. There is a need to strengthen the capacity of health systems to administer HIV medicines properly and equitably. Further research into cheaper and more effective treatments to combat the symptoms of the disease are necessary. The world also has to increase its efforts to develop effective and safe vaccines and microbicides.

The heaviest burden of AIDS is borne by the poor, and AIDS drives countries and people further into poverty. To reverse the spread of the disease, we must reduce poverty.

To this end, the EU, in May, adopted a programme for accelerated action on HIV/AIDS, malaria and tuberculosis, addressing prevention, care and support. The new programme consists of three pillars: first, increasing the impact of existing interventions to prevent and treat communicable diseases; second, improving the affordability of key pharmaceuticals through, inter alia, a broader application of effective, global, tiered pricing of medicines and the promotion of viable and sustainable production for the benefit of affected developing countries; third, supporting the research and development of specific global public goods, such as vaccines and medicines to confront these diseases.

These challenges cannot be met without new, additional and sustained resources. The European Union therefore fully welcomes the proposal presented by the Secretary-General and several donor countries to establish a global HIV/AIDS and health fund. We believe that the fund should tackle the three major communicable diseases: HIV/AIDS, malaria and tuberculosis. The fund's activities must be focused on the delivery of goals in health and should therefore also include, besides prevention, access to care and treatment.

Together with the international community, the EU commits itself to strengthening efforts to combat these major threats to life and development, and to contributing significantly to the fund once agreement has been reached on the establishment of such a fund. The EU recognizes and emphasizes the vital role and essential contribution of civil society actors in the fight against HIV/AIDS, in particular, people living with HIV/AIDS. They must be included in the development and implementation of programmes to the maximum extent possible. The EU recognizes the crucial role played by civil society, UNAIDS and others, and it strongly commends their devoted work.

Accordingly, the EU attaches great importance to being able, at this special session, to listen to the contributions of representatives of civil society. We must make sure that we go forward from here. We must speak out. We must scale up our responses. We must commit more resources. Most of all, and most important of all, we must show leadership.

The Acting President: I give the floor to Her Excellency Ms. Michelle Bachelet, Minister for Health of Chile.

Ms. Bachelet (Chile) (*spoke in Spanish*): On behalf of the delegation of Chile, which is comprised of representatives of our Government and parliament, people living with HIV/AIDS, and the scientific community, I welcome the efforts of the Member States of this body to place at the centre of global debate an issue as important as HIV/AIDS, as a commitment to all of humanity.

Twenty years after the description of the first cases of people with AIDS, we attach great value to the important decision taken by Mr. Kofi Annan, Secretary-General of the United Nations, to involve nations in this effort to face up to AIDS globally and to consider it an authentic worldwide emergency. We urgently needed a reaction from the international community commensurate with the challenges which have gradually developed with this epidemic, especially in the developing countries.

In this regard, my Government supports the efforts to create a global AIDS health fund as a substantial advance in the fight to reduce the huge economic disparities existing between the industrialized world and those countries with fewer resources with respect to their ability to respond to HIV. We believe this initiative expresses solidarity with, and understanding of, the difficulties that many of our countries face in implementing policies appropriate to this epidemic. We would also like to highlight the commitment of the Rio Group to the objectives and aims that have been proposed as a result of this special session of the General Assembly. This commitment expresses the sensitivity of the American continent to this problem.

The problem we are discussing is complex, but despite the difficulties inherent in processes in which diverse values, interests and cultures collide, the Assembly is expressing, and must express firmly, the commitment of humankind to contain the HIV/AIDS epidemic and to secure the rights of, and a better quality of life for, our peoples.

For my Government, full respect for the rights of people living with HIV/AIDS and of the most vulnerable segments of the population is not only a duty that is incumbent upon the States but also a prerequisite for making progress towards containing the epidemic and fulfilling the ethical imperatives of an increasingly democratic society.

In Chile, the epidemic is due mainly to sexual transmission, mainly among homosexual or bisexual men. This epidemiological characteristic and the results of studies and evaluations have provided us with the basis for devising working strategies and policies for prevention and treatment. These have been developed with the active participation of other public institutions and of civil society, in particular organizations of people living with HIV/AIDS and those who are most vulnerable to the epidemic, as well as church and humanitarian organizations in general.

This response is a clear signal of our conviction that economic, political, legal and sociocultural factors determine the vulnerability of people to HIV. This has led to our decision to devise together, with the participation of all actors involved, policies that promote human development and solidarity and that recognize diversity as a cultural asset. This is the focus of our efforts.

Aware of our responsibility as a State towards persons living with HIV/AIDS, and despite our limitations, which are mainly economic, we have made a clear choice. Our Government has gradually increased the budgets allocated to this area, providing direct medical attention as well as training for health-care teams throughout the country. We are expanding health coverage, which, thanks to international support, now covers 80 per cent of the country. We have worked to promote health and to prevent the transmission of HIV through education and communication, including the necessary means to effect behavioural changes in the area of sexuality.

Furthermore, my Government is convinced that it is indispensable to strengthen the psycho-social factors that promote the prevention of HIV and to take a comprehensive approach in the workplace and in the area of education and health. Consequently, we decided to institutionalize that policy through the adoption of a law, elaborated jointly with the Parliament, the Government and people living with HIV/AIDS.

In the face of a problem such as AIDS, the role of international cooperation has been, and must continue to be, an extremely important tool to achieve both national and global objectives. For this reason, together with the work that we have done through international agencies such as the World Health Organization, the Pan American Health Organization and UNAIDS, we have participated in the Horizontal Technical Cooperation Group on HIV/AIDS of Latin America and the Caribbean. This proposal has become one of the driving forces of collaboration among the countries of the South.

Moreover, Chile had the privilege of participating in the UNAIDS initiative to facilitate access to drugs, which will allow us considerably to improve therapy coverage in our country. The Government recently reached an agreement with multinational companies that will make it possible to lower the price of medicines by 70 per cent on average.

We would like to share this positive experience with interested countries, in the framework of UNAIDS. We would have liked this to have been done earlier. We would have avoided a lot of pain and death. We could have been more effective in maintaining a balance in the use of the resources — always insufficient — that are required for prevention and treatment. We hope to expand this initiative in order to provide treatment to all those who need it urgently.

Finally, this morning the Secretary-General gave us a message of hope. Many children, women and men have their eyes upon us. We cannot, and must not, disappoint them. Now is the time for decisive action.

The Acting President: I give the floor to His Excellency the Honourable Mr. Michael Wooldridge, Minister of Health and Aged Care of Australia.

Mr. Wooldridge (Australia): This special session presents us all with a historic opportunity to commit every effort to an effective, urgent and informed global response to the challenge of the HIV/AIDS epidemic. This session is an important step in building international consensus on priority areas for action and the concrete steps that must be taken in confronting this global crisis. Australia has been pleased to work alongside other countries, civil society groups and the Secretariat in recent months in the preparations for this special session.

We were also pleased that our Ambassador, Penny Wensley, was asked to co-facilitate the preparatory process. As leader of the Australian delegation, I should like to pay particular tribute to Ambassador Wensley's outstanding contribution, dedication and hard work in the process of preparing a declaration of commitment for our Governments to adopt here at the special session.

That declaration has the potential to show that the world community is serious about tackling the causes of HIV/AIDS, preventing its spread and caring for those who live with the virus.

Our experience in Australia has been one of substantial success in reducing new levels of infection and has been based on three key principles. The first has been to build and sustain a political consensus supported by all elements of our political system and endorsed by the Australian community at large. This has meant putting great effort into building a consensus across the political spectrum. Thus, in 1996, when the Government of Australia changed, Australia's HIV/AIDS policy did not.

The second feature of Australia's response has been a willingness on the part of the Government to engage and work with those most vulnerable to the virus. At this point, I note that the Australian Government is disappointed that it now appears that these groups will not be explicitly named in the declaration of commitment. In Australia, the support and commitment of such groups and their active involvement and partnership has been the basis for the Australian national response to HIV/AIDS. We see it as part of a sensitive and respectful approach to affected individuals and communities. In this way, AIDS activism has been directed towards constructive participation, not destructive protest.

The third principle on which we have based our response has been scientific evidence. Where the evidence does not exist, we will fund social or scientific research to find the answers. We are ruthlessly pragmatic in our approach and in our quest to save the lives of many young, talented Australians. It was this approach that meant that we were one of the first countries in the world to adopt a needle-exchange programme, something that is barely controversial in Australia. When people with diabetes complained about this, we funded their needles too.

Australia recognizes the primary importance of promoting prevention as part of a comprehensive integrated response which includes all aspects of treatment, care and support. Interventions necessary for the treatment, care and support of people living with HIV/AIDS also provide opportunities for prevention through the engagement of affected communities and the raising of awareness on a broader scope. Efforts to build stronger health system infrastructures and to improve access to HIV/AIDS treatments will have maximum effectiveness when part of an integrated community response.

Support and encouragement for a robust and inclusive partnership between a wide range of groups has been a defining feature of Australia's response to HIV/AIDS. This is one of the reasons why Australia ensured that civil society members took an active role in the preparatory meetings and are here today as part of our delegation. We see the full involvement of communities through civil society organizations, including people living with HIV/AIDS, as crucial to an international response.

Partnership in decision-making, policy development and programme implementation helps to ensure that activities combating HIV/AIDS are effective and sustainable. Australia is encouraged by moves to adopt this approach on a global level, and, in promoting this participatory approach, we remain willing to share our experiences, both good and bad, with our international partners. No country confronts the threat of HIV/AIDS in isolation and no national response is without consequences beyond national borders. All countries must be involved in efforts that extend beyond their domestic situation. As a country in the Asia Pacific region, we focus our assistance on our region; and while by no means underestimating the tragedy or immensity of the problems in Africa and other regions of the world, it is also important that the impact of HIV/AIDS in the Asia-Pacific region not be neglected.

At a regional level, Australia supports efforts to increase political commitment in response to the pandemic. To assist these efforts, Australia is inviting ministers from 38 countries across the Asia-Pacific region to a meeting in Melbourne in October this year.

In conclusion, I take this opportunity to thank you, Sir, the UNAIDS secretariat and its partners in the United Nations system for your firm commitment to this special session. We have the opportunity to do an immeasurable amount of good. The issues that we discuss are difficult and brutal in their impact. Whatever one may think, no country is spared. If these issues were easy, someone else would have dealt with them a long time ago. We have come here to the United Nations for these three days to address the issues because they are difficult and require leadership. Whether or not we display this leadership will be the mark by which our grandchildren will judge us.

The Acting President: I give the floor to Her Excellency Mrs. Daniela Bartos, Minister for Health and Family of Romania.

Mrs. Bartos (Romania): I have the honour to speak on behalf of the Romanian Government.

Today is an extremely important day. Today we all recognize with one voice that HIV/AIDS is no longer the problem of people living with AIDS; it is a major public health problem. For this reason, the Romanian Government has declared HIV/AIDS the main public health problem in our country.

At this time, there are 6,800 children and 1,745 adults living with HIV/AIDS in Romania. Of those, 33 per cent are on antiretroviral therapy.

In the meantime, we have had to cope with the increasing demand for treatment and care and with increasing numbers of infected adults. As the epidemic and its impact have spread, the number of committed partners in the national response has grown to include ministries, local and international non-governmental organizations, the private sector, the media and the international donor community.

The Government of Romania and its non-governmental partners have, therefore, committed themselves to the development and coordinated implementation of a national HIV/AIDS strategy for the period 2000 to 2003. This strategy focuses on the prevention of infection among youth and vulnerable groups, the prevention of nosocomial infection and the social, legal, ethic and human rights aspects of HIV/AIDS.

Priority attention is also being given to improving health and social services, supporting people infected with and affected by HIV/AIDS and strengthening epidemiological systems to monitor developments in the epidemic over time.

The existing system of care and surveillance ensures access to care for all infected persons and has a good information database. This is doubled by a network of high-technology medical equipment that allows for good evaluation and monitoring of all treated and/or infected persons.

Nine university hospitals in the country serve as HIV/AIDS reference centres. Viral load testing and CD4 counts are available at these centres. In general practice patients referred to a reference centre have the choice to be followed up either at the reference centre or at the closest health centre. Regardless of the patient's choice, immunological and virological follow-up have to be performed at the reference centre.

Since the beginning, we have introduced the latest therapies and have increased them from one year to another. The budget has allocated up to $20 million this year to the national HIV/AIDS programme. The Romanian Government is committed to maintaining the same budget or to even increasing it in real terms within the next four years. This was not easy to do in a country in transition that has severe budgetary restrictions and numerous public health and social emergencies.

Despite the challenges, we decided to declare HIV/AIDS the number one public health priority, and to introduce, beginning this year, universal coverage for treatment and care, including antiretroviral drugs for people living with HIV/AIDS. The medium-term action plan for universal access to treatment and care is based on a real partnership with the United Nations and the pharmaceutical companies.

At this very moment, Romania has the following national priorities for the HIV/AIDS programme: the intensification of prevention of HIV/AIDS infection among youth and vulnerable social groups; the prevention of mother-to-child transmission; and the prevention of nosocomial infections and many others.

To accomplish those goals, budget allocations by the Ministry of Health and Family and the national insurance agency have consistently increased, from $13 million in 1999 to more than $20 million in 2001. The Ministry of Health has negotiated with the pharmaceutical companies for price reductions and has requested the support of UNAIDS for this purpose.

At the same time, the global fund for AIDS and health might represent a new and very important tool in the management of HIV/AIDS.

We take note with satisfaction that our priorities and concerns are well-reflected and included in the declaration to be adopted by this special session. Romania affirms its commitment to implementing the provisions of the United Nations declaration on HIV/AIDS and to take part in international cooperation in this very necessary framework, further benefiting from support and assistance in carrying out its national programmes in combating the pandemic.

The Acting President: I give the floor to His Excellency Mr. Zhang Wenkang, Minister for Health of China.

Mr. Zhang Wenkang (China) (*spoke in Chinese*): At the start of a new century, the United Nations is holding a special session of the General Assembly on HIV/AIDS to reveal and address the problem of HIV/AIDS. This special session is a manifestation of the determination and courage of all countries in combating HIV/AIDS. It will certainly have a profound impact on the effort to prevent and control HIV/AIDS throughout the world. I wish to take this opportunity to extend, on behalf of the Chinese Government, our warm congratulations to the participants in this special session.

The Chinese Government deeply appreciates the efforts made by the United Nations to curb the spread of the HIV/AIDS pandemic in the world. We appreciate the Secretary-General's report, which analyses the global situation and sets forth three important strategies for prevention and control at the global and national levels: strengthening leadership, improving coordination and mobilizing resources.

At present, the HIV/AIDS pandemic is still spreading throughout the world. Africa is most seriously affected by the pandemic, which has greatly hindered and undermined the socio-economic development of the African countries. As the region with the largest population, Asia has witnessed the fastest growth of HIV/AIDS, which has infected 7.5 million people; and the number continues to grow, threatening to turn the continent into the next region worst hit by HIV/AIDS. The prevalence of HIV/AIDS in Latin America, the Caribbean and Eastern Europe is also very serious and is growing without letting up.

Indeed, HIV/AIDS has become a global crisis, and global efforts are needed to stem the tide. The prevention and control of HIV/AIDS receives high priority from the Chinese Government. In 1996, the Regime for the Coordination and Control of STDs and HIV/AIDS was established under the chairmanship of a high-ranking State Council official, with the participation of the heads of 34 ministries and State commissions. In 1998, the Medium and Long-term Programme for the Prevention and Control of HIV/AIDS in China from 1998 to 2010 was formulated by the State Council. This year witnessed the introduction of the Plan of Action for the Restraint and Control of HIV/AIDS in China from 2001 to 2005.

Central Government spending on the prevention and control of HIV/AIDS has grown nearly sevenfold, from an original annual budget of 15 million yuan to the present figure of 100 million yuan. In addition, national bonds for 950 million yuan have been issued for building and improving blood banks. Input from local governments has registered a corresponding increase. The prevention and control of HIV/AIDS in China is steadily progressing under the leadership of all levels of government. In the view of the Chinese delegation, leadership, coordination and resources are closely linked in the campaign to control HIV/AIDS.

The worsening prevalence of HIV/AIDS is concentrated in developing countries, where inadequate resources are a major underlying cause. Poverty is a major factor in the rapid spread of HIV/AIDS, and the epidemic has in turn aggravated poverty. In addition, the irrational international political and economic order, the heavy debt burden of the developing countries and the uneven distribution of know-how have limited the capacity of developing countries to combat HIV/AIDS. With this in mind, I would like to make the following proposals.

First, emphasizing prevention is a strategy of primary importance in combating HIV/AIDS, particularly for developing countries, which lack resources. Only by quick preventive action can we protect people from becoming victims of the epidemic, ensure the health of our society, families and individuals, and minimize the impact of HIV/AIDS on socio-economic development.

Secondly, treatment is a critical issue in fighting HIV/AIDS. Most patients in developing countries cannot afford the high cost of drugs. However, there are still obstacles along the way to affordable drugs. This is unfair. Given the decreasing pharmaceutical prices on the world market, the United Nations should work closely with the rest of the international community to further improve the treatment of HIV/AIDS patients in developing countries.

Thirdly, in pursuing its strategy against HIV/AIDS, the international community should effectively implement immediate measures, while keeping in mind the long-term perspectives. Vaccination against HIV/AIDS, as a measure for the ultimate control of the pandemic, is economical for the developing countries and therefore merits adequate attention in a global control strategy.

Fourthly, international cooperation should be further enhanced and adequate resources mobilized to help and support the developing countries in their endeavour to prevent and control HIV/AIDS, as the bounden duty of the international community. Only by reversing the trend in the worst-hit regions at the earliest opportunity can the HIV/AIDS pandemic be brought under control on our planet.

The Acting President: I give the floor to His Excellency Mr. Roberto Flores Bermúdez, Minister for Foreign Relations of Honduras.

Mr. Flores Bermúdez (Honduras) (*spoke in Spanish*): We are aware of the great social, political and economic implications of the debate on HIV/AIDS. We know that its magnitude requires the full participation and efforts of all of our countries, as well as international solidarity. We know that prevention efforts must be given priority, particularly among the most vulnerable groups. We know that treatment requires greater access to medical services and cheaper medicines within an improved public health system. We also know that Governments can successfully carry out a national response to this problem, which must include all sectors of society.

What we have not managed to do is get national and international actors to combat this crisis on an organized and long-term basis. Here is the true leitmotif of this special session: to mobilize the political will of all actors — national and international — so that they can make an intelligent, coordinated and sustained effort.

It is particularly important, therefore, to learn about the successful experiences of other countries and regions. For this reason, Honduras is participating in workshops during this special session in order to learn, but also in order to share our successes in managing the exceptional presence of this epidemic in our country.

At the end of the 1980s, the HIV/AIDS department was created in our Ministry of Health, with a presence in the most affected regions. This made it possible to identify immediately the behaviour of both the epidemic and the population. With the first national strategic plan against HIV/AIDS, which was adopted in 1998, we achieved broad, multisectoral participation. The opportune contribution by the community working together made it possible to promote the participation of new actors, ranging from organizations in civil society and groups at risk to municipal governments, chambers of commerce, associations of factory workers and religious organizations.

Gradually, the people of Honduras have come to identify HIV/AIDS as a national problem. The community directly affected by the epidemic has now organized itself into a social movement which provides guidance for, and support to, the different actors in the organization of our response.

My country is reformulating its strategies in order to provide comprehensive care of high quality and human warmth. This includes better access to antiretroviral medicines, which will benefit more than a thousand of our compatriots. Our legal framework is defined in the special law on HIV/AIDS of 1999. In 1999, we organized the National AIDS Commission to manage the coordination and formulation of policies. This Commission is already preparing the second national strategic plan for the period from 2002 to 2006.

Today, we have an intensive monitoring system in order to learn about the epidemic and to better react to it. We also have a large number of specialized physicians who are working directly on this problem. With these measures — and here I have some very interesting news — Honduras has succeeded to the extent that the advance of the epidemic has been less extensive than was projected two years ago. We have become a country with experience in managing these problems and with a capacity to manage rationally and effectively the resources that the aid community continues to supply. However, despite these efforts we must acknowledge that this epidemic is continuing to spread dangerously.

For this reason, Honduras is prepared to shoulder greater responsibilities in the fight against this epidemic. However, our limited national resources make it necessary for us to call on countries that have better developed scientific, technological, human and economic resources in order to mitigate the factors that affect human development, such as poverty, unemployment, the human rights situation and violence. All of these are closely related to the issue we are discussing today.

In just a few days Honduras will assume the pro tempore presidency of the Central American Integration System. The fight against HIV/AIDS is a problem that transcends national borders. It is already being dealt with collectively by the Member States, but requires a greater sense of urgency in accordance with the decisions of this special session. Regional action will demonstrate the commitment and political will to fight HIV/AIDS collectively as part of our common development strategy. I would like to conclude by thanking the United Nations for its opportune and effective contribution to our national efforts. Thank you very much.

The Acting President: I give the floor to Her Excellency the Honourable Maria Minna, Minister for International Cooperation of Canada.

Ms. Minna (Canada): We are here for the nearly 40 million people living with HIV/AIDS worldwide. We are here for the 15,000 people that were infected with HIV today, and the 15,000 more that will likely be infected tomorrow and every day after that. We are here for the 40 million children who will be orphaned because of AIDS by the year 2010.

We are here because a mother died today. We are here because a child died today and another lost a mother. We have an obligation to ensure that every citizen of this earth, which we share, can look forward to a healthy and productive future.

If this were a war that was killing millions of people, maiming millions more, leaving millions homeless, devastating countries, would we stand by? We would have intervened aggressively by now, as we did in the Second World War. This is a war; it is bigger than any war we have ever fought before.

This pandemic is a major obstacle to our International Development Target to reduce by half the proportion of people living in extreme poverty by 2015. It also foils our efforts to reduce infant and child mortality rates by two thirds by that same year.

We are here to make sure that every possible effort is made to try to prevent every single new infection and to make sure that every single person infected or affected by HIV/AIDS has access to the most comprehensive care, treatment and support available. We are here to make sure that the rights of all individuals and groups are protected and respected everywhere, particularly those most vulnerable to HIV, such as women and girls, men who have sex with men, intravenous drug users and sex workers.

This means an intensified commitment at the international, national and community levels, and this means involving civil society and people living with HIV/AIDS in every aspect of our efforts.

(*spoke in French*)

This United Nations session marks the turning point in our struggle against this terrible disease. It has been 20 years now, and we still have a long way to go, so let us therefore forge ahead based on what we know works. What works? Prevention works, as do integrative approaches. Prevention must be the mainstay of our response. As for comprehensive approaches, these must fully integrate prevention with care, support and treatment for all those infected and affected by HIV and AIDS. These approaches must also reinforce the linkages between HIV/AIDS, basic education, human rights and good governance.

(*spoke in English*)

In order to meet the targets outlined in the declaration of commitment, we need to make progress on all fronts.

In Canada we have a leading-edge Strategy on HIV/AIDS, which is meeting our own unique challenges, while also linking our efforts with those at the international level. This involves acting locally but thinking globally.

On the global front, Canada is quadrupling its development assistance funding for HIV/AIDS.

We have an HIV/AIDS Action Plan, which is a blueprint for how we will support international initiatives in areas such as prevention, education, community development, research in vaccine and microbicide development, and preventing mother-to-child HIV transmission.

In fact this morning, I committed over $73 million for HIV and AIDS programming in Africa, the Caribbean, Asia and Central and Eastern Europe. This money is not money that will go to the global fund. That will be announced later. These are funds that we are using on the ground for prevention and other programming.

On another front, Canada has been instrumental in the shaping of the global fund for HIV/AIDS and health. We will support it financially. We are committed to making it operational by the end of the year. My Government believes that actions related to the fund beyond the special session must ensure inclusion of all partners, especially our developing country partners. Most of all, I believe we must all be concerned with ensuring that the fund works for those who need it most. We cannot afford to fail.

There has been some progress in the struggle against HIV/AIDS. The declaration of commitment to be endorsed on Wednesday is an opportunity to make a quantum leap forward. It is now up to each and every one of us to take ownership of the declaration and do what is necessary to end this epidemic. Thank you.

The Acting President: I give the floor to His Excellency the Honourable Tommy Tomscoll, Minister for Health of Papua New Guinea.

Mr. Tomscoll (Papua New Guinea): The major challenge for the national response to HIV/AIDS in Papua New Guinea has been our ability to address the geopolitical and sociocultural diversity of our country in innovative ways. Many Papua New Guineans are infected with the virus; many do not know that they have the virus; and many more will continue to get infected because of the complex factors that are contributing to the spread of the epidemic in the country.

My country is probably one of the most difficult places in which to intervene and address such an issue as HIV/AIDS.

The diversity of the country, both in its culture and geographical terrain, makes communication with rural communities difficult. This is further compounded by such limitations as the low literacy rate and the more than 800 different languages, which make communicating with the rural majority a daunting task.

By enacting the National AIDS Council Act in December 1997 my Government acknowledged the threat of the AIDS epidemic to the country. With co-financing from the national Government, the Act established the National AIDS Council and its secretariat. The National AIDS Council membership is made up of all the central government agencies, private sector and non-governmental organizations and churches and people living with HIV/AIDS. In keeping with the Act, we established five working committees at the national level and 20 provincial AIDS committees, which are mandated to coordinate and implement provincial activity plans.

The provincial AIDS committees are made up of people from all sectors, and the majority of them have attained provincial government endorsement and commitment. The five working committees at the national level are responsible for guiding national response policy. These are the Behaviour Change Advisory Committee, the Medical Experts Advisory Committee, the Legal and Ethical Advisory Committee, the Research Advisory Committee, and the Sectoral Response Advisory Committee. The structures have been defined so that there are clear mechanisms for policy development and clear lines of communications with local authorities to plan and implement the comprehensive multisectoral response.

We are committed to the committees' being transparent and accountable so as to minimize duplication, involve maximum participation and allow for rational use of resources at all levels of our response.

Although it appears that our affected population is small, the problems we face are immense. We estimate that out of a population of 5.2 million, about 10,000 to 15,000 people will fall ill from the disease in the next few years. The majority of the individuals to be affected will be the productive and economically important citizens of our society. In the World Health Organization (WHO) Western Pacific Region, ours is one of the three most affected countries, with the potential of reaching, within a decade, levels like those of sub-Saharan Africa. The Government is committed to avoiding this catastrophe with the support of our international partner agencies.

Major challenges facing us today are the already existing uncontrolled sexually transmitted infections, the growing problem of tuberculosis, and the difficulties of providing basic antenatal care to women throughout the country. Setting up proper pre-test and post-test counselling facilities presents a challenge in itself. Other issues of major challenge acknowledged by the Government include those of security and violence. Through the multisectoral response that we are actively pursuing, we are committed to addressing these and many other issues that can potentially fuel the epidemic in the country. I believe we must review many of the criteria set by global agencies, which often unnecessarily exclude Papua New Guinea from getting the support that is required to improve the social and economic development of the country.

While Papua New Guinea is seen as a resource-rich country, we still need financial support to ensure that services are provided. The Papua New Guinea National AIDS Council is committed to facilitating a study on HIV and development, which will seek to define factors that make Papua New Guinea appear rich but remain poor. This study will enable us clearly to visualize the socio-economic development dimensions of HIV/AIDS and address them in our next medium-term plan.

The United Nations is urged to clearly define its role through the UNAIDS mechanism at the country level, so that we are able to tap the valuable global resources the United Nations system may offer.

Access to treatment is an important challenge. To date the Government does not provide anti-retroviral drugs to those living with the virus. We acknowledge that it is our moral and ethical responsibility to do so. While anxiously watching the global spread of the disease, we have been developing appropriate standards and protocols to introduce therapy. We have already started introducing treatment against mother-to-child transmission and are working on expanding it to provide retroviral therapy to all.

However, our financial situation prohibits the provision of anti-retroviral drugs to those living with the virus. We therefore welcome the establishment of the United Nations HIV/AIDS trust fund and commend the United Nations Secretary-General, Mr. Kofi Annan, for his insight and initiative. We thank those Governments and the private sector institutions that have contributed so far to this fund.

While we understand that our problems may pale into insignificance compared to those of sub-Saharan Africa, we must not lose sight of the fact that prevention is the only solution to the spread of this disaster. My Government sincerely hopes that Papua New Guinea's efforts to stem the tide of HIV/AIDS can receive support from this trust fund. We are also deeply grateful and acknowledge the generous support provided so far by all our international partner agencies: AusAID, the European Union, the Secretariat of the Pacific Community, all the United Nations agencies including UNAIDS, UNICEF, UNDP, UNFPA and the World Health Organization.

However, we remain mindful that any support provided must seek to avoid dependency and instead empower us to develop the skills necessary to mount a comprehensive response that can be maintained in our cultural and geopolitical setting.

Finally, my delegation wishes to thank the joint efforts of Ambassador Penny Wensley of Australia and Ambassador Ka of Senegal for coordinating the drafting of the outcome document for our consideration at this special session.

The Acting President: I now give the floor to Her Excellency Mrs. Mariángeles Argüello, Head of the delegation of Nicaragua.

Mrs. Argüello (Nicaragua) (*spoke in Spanish*): I wish to thank the Assembly for this invitation to speak and to thank the organizers of this special session of the General Assembly for the opportunity to meet here to search for solutions to the HIV/AIDS epidemic, which is causing serious problems for our countries.

Nicaragua is a small Central American developing country, with 5 million inhabitants. It has a weak economic capacity and serious limitations that make it difficult to guarantee the basic needs of the entire population. It is vulnerable to natural disasters such as earthquakes, hurricanes and floods, which have further hampered the national economy. Our efforts notwithstanding, the lack of financial resources and the scarcity of material resources, medicines, equipment and service infrastructure make international assistance of paramount importance if we are to overcome these problems.

The Ministry of Health of Nicaragua registered the first HIV/AIDS case in 1987. Through May 2001, a total of 688 people had been infected with HIV; of these, 320 have developed AIDS and 174 have died.

Allow me to stress the difference between Nicaragua's situation and that of other countries in the region. We are at present one of the least affected countries; in Nicaragua the epidemic is considered incipient or at a low level. However, the incidence level is increasing, and, as a result, in the last five years, the number of patients living with HIV/AIDS has doubled. This is why today more than ever we have to strengthen our comprehensive education, prevention and awareness campaign to stop this increase in the number of cases. For now at least we enjoy the unique advantage of having a concentrated epidemic that is in its early stages, and we should maintain this advantage for both present and future generations. If we do not take advantage of this opportunity to contain the disease, we will be condemning a significant number of Nicaraguans to illness, suffering and death.

This special situation in our country means that, in terms of cost-effectiveness, each dollar invested in the prevention of AIDS in Nicaragua will save many more dollars that would otherwise be needed for the treatment of opportunistic infections and the supply of antiretroviral drugs. This is why Nicaragua needs the assistance of Governments, international organizations, non-governmental organizations and friends in general in order to do the humanitarian work of preventing and reducing the economic and social impact of AIDS in our country.

We have a national strategic plan to fight sexually transmitted diseases and AIDS. The plan, to be implemented from 2001 and 2005, includes a series of strategic and priority activities. It was designed through the joint efforts and participation of civil society, infected persons, government institutions and international organizations that provide assistance. Under the plan, $20 million is needed to cover the most urgent needs; that is, so that the Nicaraguan Ministry of Health, the Nicaraguan AIDS commission and civil society organizations can carry out the necessary preventive, detection and treatment work.

One of our main achievements in this regard has been the approval of Law 238 on the promotion, protection and defence of human rights in connection with AIDS. With the application of this law, we have strengthened national coordination in regard to information, education, prevention and control of this scourge, through the official establishment of the Nicaraguan AIDS commission, over which I personally preside as Minister of Health. This commission works systematically, participating in and facilitating the decision-making process. It is composed of representatives of various government institutions, civil society and of people living with HIV.

Another advance has been the law regarding the security of transfusions. It establishes that no one, for any reason, will receive a blood transfusion without a previous examination. The law requires all private and public health-care services to first screen for HIV antibodies.

In Nicaragua we continue to be concerned about our ability to provide people infected with HIV/AIDS with comprehensive care that includes decent medical treatment and that is respectful of human rights. This has been an arduous and delicate task, particularly given our limited resources — our lack of medicines for the prevention of infections and of the funds needed for antiretroviral therapy. The international prices for antiretroviral drugs continue to be beyond our means, even though in the last few months they have decreased. Therefore, although the number of people in need of antiretroviral therapy in Nicaragua is still relatively low, this fact prompts us to seek the financial assistance needed to provide such therapy.

We need international solidarity so that we can achieve longer life expectancy rates with a better and more humane quality of life. We also want to offer pregnant women means of limiting the transmission of HIV to their children at birth.

I would need more time to express all our hopes and initiatives regarding the prevention and control of HIV/AIDS in Nicaragua.

No one in the international community should be excluded from the efforts to combat AIDS. Thus, my country is concerned that — notwithstanding Taiwan's pharmaceutical advances and its participation in various projects to combat the HIV/AIDS epidemic, undertaken in collaboration with both Governments and non-governmental organizations in many regions of the world, and especially in the western Pacific region — Taiwan cannot actively participate in the programmes of the United Nations system, because it has yet to be readmitted as a State Member of our Organization. Such exclusions, especially considering the humanitarian context, should not exist in the twenty-first century.

Finally, I would like to state that the Government of the Republic of Nicaragua, through its President, Mr. Arnoldo Alemán Lacayo, reaffirms its strong determination to see to it that the comprehensive actions to fight HIV/AIDS are stepped up in our country and are supported at the highest political levels.

I thank God for giving me the opportunity today to express from the heart Nicaragua's concern about this problem. I trust that friendly countries will understand our needs, and thus together we will build a better world for all.

The Acting President: I give the floor to His Excellency Mr. Hamza Rafeeq, Minister of Health of Trinidad and Tobago.

Mr. Rafeeq (Trinidad and Tobago): Less than one year ago in this very Hall, world leaders at the Millennium Summit pledged to halt and begin to reverse the spread of HIV/AIDS by 2015. The convening of this special session is an important step forward in achieving this goal.

HIV/AIDS rates in the Caribbean are the highest in the world outside sub-Saharan Africa. In the Caribbean, AIDS is the leading cause of death in the 15 to 44 age group, with an overall prevalence of approximately 2.1 per cent among the adult population.

Although initiatives have increased nationally and regionally to reduce the rate of increase, HIV/AIDS continues to spread relentlessly. Current national plans and actions are not sufficient to deal with this disease. There is an urgent need for greater international assistance and support and for the involvement of all sectors, such as non-governmental organizations, civil society and the private sector, if the fight to defeat this scourge is to be successful.

The disease is a major problem for development. With the most economically active and productive population groups being the most affected by this epidemic, severe social and economic repercussions are inevitable. The financial and economic burdens are not the only disquieting aspects of the impact of this disease. There are also concerns at the individual level, such as the actual burden of the disease on victims and accompanying issues of discrimination and stigmatization.

In Trinidad and Tobago, the epidemic curve is on the rise. It is now estimated that 2.5 per cent of the sexually active population between the ages of 15 and 49 years are living with HIV/AIDS, though the real per cent age could be twice as high, given the high rate of under-reporting.

The number of females infected with HIV is greater than that of males in the age group 15 to 24. According to our national surveillance unit, the percentage of HIV-infected women increased from zero in 1983 to 33 per cent in 1990 and to 45 per cent in 1999. Eighty-two per cent of all reported HIV-infected women are within the age group 15 to 45 years. Since these women are of childbearing age, this scenario highlights the significant risk of mothers passing on the infection to their babies. Statistics have also indicated that at the end of 1999, 7 per cent of the total number of reported HIV cases were paediatric cases.

With 50 per cent of the new cases of infection now occurring in our young people between 15 and 24 years, and 70 per cent of all HIV/AIDS cases falling in the age group 15 to 44 years, there is no doubt that if this trend continues Trinidad and Tobago will be well on the way to an economic and social crisis. It is a burden on the country's resources, and the economy is finding it difficult to sustain this heavy burden.

A macroeconomic study of the impact of HIV/AIDS on key variables indicates that if the current rate of increase continues, by the year 2005 Trinidad and Tobago will experience a reduction of 4.2 per cent in its gross domestic product, 10.3 per cent in savings and 15.6 per cent in investment.

The Government of Trinidad and Tobago is extremely concerned about the possibility of this prediction becoming a reality. Even with limited resources, national efforts will continue to be pursued to better manage the prevention of HIV/AIDS and promote care and support for the infected. Many programmes are aimed at prevention through information and education and are targeted at the vulnerable in the population.

AIDS awareness activities include training of over 6,000 health-care workers. A national policy on the reduction of mother-to-child transmission has been implemented and is offered at most health facilities. Soon, a new policy on HIV/AIDS in the workplace, which will protect the rights of infected persons, will be introduced in Trinidad and Tobago.

Trinidad and Tobago will also be hosting the Tenth International Conference for People Living with HIV/AIDS in October of this year. We are also participating in phase two of the HIV/AIDS vaccine trials, because we are convinced that a safe, affordable and accessible vaccine is the most effective measure for curtailing the advancement of this disease.

The Caribbean Task Force Strategic Initiative on HIV/AIDS proposes a holistic programme response to the epidemic. This regional approach will ensure the integration of efforts and the effective use of resources, as Caribbean countries have common objectives and similar implementation plans. Assistance from the international community will boost this regional initiative.

Efforts are being made to strengthen both the human and physical infrastructure to deal with the epidemic and give appropriate care to persons living with AIDS. But our capacity and resources simply do not allow us to fully achieve this goal, especially in the provision of drugs for the infected. The Government of Trinidad and Tobago supports the call by the Secretary-General for a global AIDS and health fund and strongly recommends that special consideration be given to countries with a high incidence of HIV/AIDS, such as those in the Caribbean region. The vulnerability of our small economies to threats like HIV/AIDS cannot be overemphasized.

With regard to accessing special funding arrangements, the Government of Trinidad and Tobago is of the view that the Caribbean's premier financial institution, the Caribbean Development Bank, must be seen as an important stakeholder. It is important to partner with an institution which is familiar with the sociocultural and economic environment and is sensitive to the needs of Caribbean Community countries. In addition, the criteria for accessing funds should not be burdensome and bureaucratic, and countries most in need should benefit.

The Government of Trinidad and Tobago would also like to suggest that as far as is possible, existing administrative arrangements within the United Nations system should be utilized to manage the global AIDS and health fund, in order to allow for the maximum use of the fund for its intended purpose.

At the end of 2000, it was estimated that nearly 22 million persons had died from the disease, and over 36 million were living with HIV or AIDS. There has to be a global war to arrest this crisis, and the declaration of commitment to be adopted at this special session is crucial in this quest. The challenge of reversing the spread of HIV/AIDS must be pursued relentlessly so as not to bequeath this life-threatening affliction to future generations.

The Acting President: I give the floor to His Excellency the Honourable Timothy Stamps, Minister of Health and Child Welfare of Zimbabwe.

Mr. Stamps (Zimbabwe): It is predicted that my country, Zimbabwe, will achieve zero population growth by the end of 2002, the first developing country in modern times to do so. This is due to a combination of three factors. First is the resounding success of our national family planning initiatives, reducing the total fertility rate by two whole units since 1982. Second is outmigration, especially of educated young professional and technical persons and their families. The third factor is escalating death rates, which in themselves have reduced natural growth by almost 50 per cent.

All of these factors have been influenced by the HIV/AIDS epidemic, not merely because of the contribution of HIV to death rates, but also as a result of the effect of awareness of HIV risks on reproductive activity and the very real fear of wise, educated adults of the risk of HIV infection, not so much for themselves but due to the environmental risk for their growing children, who are exposed daily to the promotion of promiscuity and sexual variation by the popular media. The economic, demographic and social consequences of these events are grave, and we have yet to see their full results. In Zimbabwe as in the rest of the Southern African Development Community (SADC), we are very conscious of the active and passive ethnic discrimination exercised against black Africans. How else does one explain the exponential growth of HIV in our region as compared to other countries where the disease surfaced earlier?

Yet we have achieved as a nation two internationally recognized and acclaimed successes, which we continue to prioritize: first, ensuring and maintaining, since the earliest days of the epidemic in 1985, a sustainable, safe, national blood-transfusion service; secondly, the highest coverage, of any country in the world, of reliable quality condoms (18 per male per annum since 1994), and, in addition, the creation of a sound hypothecated taxation scheme, amounting to 3 per cent on personal income tax and 3 per cent on corporate taxes. Last year this raised over US$ 30 million. It is managed by an autonomous National AIDS Council established by Act of Parliament, drawing its membership from all sectors of our society and with the mandate of a national HIV/AIDS policy ensuring that the major support is at the district level.

The President of my country, Comrade R. G. Mugabe, is the patron of the Council. We feel compelled to inform Mr. Natsios, the new head of USAID, that though we may not have clocks or roads in Africa, we do know the time, and time is ticking away inexorably for some of our States. Because of world globalization the lack of roads can be compensated for by world Coca-Colanization — we use Coca-Cola trucks very effectively to get vaccines and medicines to the people.

We know that antiretrovirals are only a part of the solution to the problem. But as long as they are denied to us, the message of prevention, especially the importance of knowing one's HIV status in our epidemic situation, is inadequately supported.

The world should recognize that we have taken the bold initiative to repossess our land in order to ensure that families have access to food and economic security, thereby combating, in order to survive, the risks of HIV exposure resulting from adventitious and adventurous commercial sex.

We have had enough of the discriminatory stigmatizing attitude of the rich towards the poor and the inequality which propagates the virus. The danger of this attitude is that the have-nots and the haves will become the "HIVs" and "HIV-nots" around the world.

We pledge support to the global fund for HIV and health and intend to earmark the equivalent in local currency of US$ 1 million from our own resources, explicitly as seed money for the creation of a budget line to identify, treat and eliminate reproductive tract cancers that are HIV-related. This demonstrates our solidarity with the Secretary-General's initiative, as well as our recognition of an area that has so far been neglected and affects our most vulnerable people, the young women of Africa.

May God bless you.

The Acting President: I give the floor to His Excellency Mr. Bolaños Duarte, Minister of Public Health and Social Welfare of Guatemala.

Mr. Bolaños Duarte (Guatemala) (*spoke in Spanish*): Twenty years after the epidemic burst upon us, we applaud the holding of this twenty-sixth special session of the General Assembly as a means of reviewing what has been done in the area of HIV/AIDS. We note that the last decade has seen new processes of globalization and advances in information techniques as well as in antiretroviral therapy that have changed the image of the HIV/AIDS pandemic. Today, I have the honour of representing Guatemala at this important gathering.

Our country is characterized by contrasts and ethnic diversity with a multicultural, multi-ethnic and multilingual population. It is estimated that the population groups most exposed to HIV transmission are mainly in the urban areas. The first known AIDS case in Guatemala was identified in 1984. Up to the present, 4,010 cases have been reported. However, our national programme believes that 50 per cent of cases go unreported. The Guatemalan Government's determination to combat HIV/AIDS has been reflected in the Health Code, which assigns to the Ministry of Public Health, with the participation of other sectors, the responsibility for evaluating and supervising action to control sexually transmitted diseases, including HIV/AIDS.

A general law on STD/HIV/AIDS has been enacted and it declares the disease to be a social problem of national urgency, assigning to it a sum of 5 million quetzals for the activities carried out by the Ministry of Public Health through the STD/HIV/AIDS programme. The law contains provisions on the human rights of persons living with AIDS and, very importantly, also mandates the Ministry of Education to include in the curriculum a section on human sexuality, including sexually transmitted diseases and HIV/AIDS from fifth grade in primary school onwards.

In this context the Ministry of Health, in coordination with other ministries such as the Ministry of Education and Interior and with organizations in civil society, international organizations and UNAIDS, drew up and set in motion the national strategic plan for STD/HIV/AIDS for 1999-2003, which lays down the strategic objectives and priority lines of actions to be pursued by those institutions.

Within the National Health Council, an agency that provides advisory services to the sector, the Ministry of Health has initiated actions that aim to create a national unit to provide care for people living with HIV/AIDS. To that end it established three commissions. One commission is to formulate a proposal for the management of this national unit as a decentralized and autonomous agency that will receive contributions from sectoral institutions that operate in this area, such as NGOs, the Guatemalan Social Security Institute and organized civil society institutions that combat AIDS. This effort is designed to reduce the social-economic impact of dealing with this social and health problem merely as a public health matter, and also to promote the integration and complementarity of the contributions from the institutions that I have mentioned.

The second commission is charged with the epidemiological analysis of HIV/AIDS. It will study the magnitude and the mechanisms of this problem so as to improve the decision-making process. The third commission is to study access to antiretroviral treatments in order to develop strategies to make them more accessible from the economic and functional perspectives. It will primarily develop mother-to-child transmission prevention programmes, including diagnostic tests. It will standardize diagnostic systems, offer antiretroviral treatments, provide outpatient services and carry out HIV/AIDS research. It will apply universal precautionary measures in the provision of health services and will develop information, education and communication plans that will enable us to reduce HIV transmission of that kind.

As the representative of Guatemala, I wish to convey the determination of my country to assume the various commitments contained in the declaration on the struggle against HIV/AIDS, which refers to strengthening and motivating all levels of leadership in society and throughout the Government. We also think that it is necessary to review and implement strategies and plans for national and multisectoral financing in order to pursue the fight against AIDS and come to grips with the stigma, silence and denial with due regard to the gender and age dimensions.

Finally, I wish to state that our Government pledges to continue observing all the commitments entailed by the adoption of the declaration, because we are conscious of the need to unify our efforts at the national, subregional, regional and global levels in order to halt the progress of this pandemic, which is causing so much suffering to humanity.

The Acting President: I give the floor to His Excellency the Honourable Ashock Jugnauth, Minister for Health and Quality of Life of Mauritius.

Mr. Jugnauth (Mauritius): It is my pleasure on behalf of the Government of the Republic of Mauritius to address this most distinguished gathering of delegates of the twenty-sixth special session of the United Nations. It is a privilege for me, on behalf of my country, to contribute to the debate which brings together such distinguished national delegates from every corner of the world for the cause of humanity. I tender the personal apologies of the Right Honourable Prime Minister of Mauritius, who was not able to attend this important gathering.

We are here, because we all share a profound concern for the sheer scale of the human impact of the HIV/AIDS pandemic. But this is of little value unless it is coupled with a well-tuned capacity for taking practical steps to provide support for those affected and to arrest the spread of the disease.

The purpose of this special session of the United Nations is to reach an agreement on a declaration of commitment. This commitment will outline priority areas for action. We are here therefore: to agree on the most cost-effective ways and means of reversing the spiralling rates of HIV infection; to agree on the best means for the clinical and personal care of patients with HIV/AIDS; to agree on how those with HIV/AIDS can best be supported so that they can continue to live as normal a life as possible; and to agree on how we can best meet the very dire needs of those orphaned by AIDS.

I firmly believe that the declaration of commitment towards which we are working will strengthen bonds among nations, communities and all partners, who are represented here today at the global and national levels and will offer ideas and models of good practice for a common goal. The statistics on deaths caused by AIDS since the 1980s, particularly in Africa, on those infected by the HIV/AIDS virus and on actual and potential AIDS orphans are nothing less than alarming. However, this is not just a health problem for Africa; it is a social and economic bomb.

AIDS is killing ten times as many people as war, sabotaging economic development, destroying the social fabric of society and creating a generation of orphans. AIDS is reversing decades of health gains and economic and social progress.

Owing to its chronic nature and the life-threatening conditions associated with it, health-care costs for HIV-infected persons and AIDS patients are tremendous, putting a heavy burden on governments in Africa, which contains many of the poorest countries in the world that are least able to protect themselves.

Despite considerable efforts made by the Southern African Development Community (SADC) to address the HIV/AIDS pandemic and its effects, HIV infections and morbidity caused by AIDS continue to increase at an alarming rate, with a drastic impact on the region's socio-economic development.

The SADC Heads of the State Communiqué 2000 addressed the HIV/AIDS pandemic by stating: "there can be no meaningful development in the SADC region as long as HIV/AIDS is not addressed on an urgent and emergency basis". This pandemic is cutting off the very roots of social and economic progress.

Two of the key resolutions of the SADC Health Ministers' meetings on HIV/AIDS held in Gaborone dealt with sustained help to those afflicted, and affordable medicines and cost-effective prevention programmes.

I am pleased to note that the pledges of the African Heads of State and Government made at the Abuja Special Summit in April 2001 have been included in the draft declaration of commitment on HIV/AIDS. These pledges include the setting up of a target of allocating at least 15 per cent of their annual national budgets to fight the HIV/AIDS epidemic and increased complementary international assistance to countries whose resources are limited.

I am also pleased to say that the Indian Ocean Commission, which groups countries of the Indian Ocean region — namely Mauritius, Madagascar, Comoros, Seychelles and Réunion Island — has included HIV/AIDS in its agenda as a priority.

Distinguished delegates, it is befitting for me on such an occasion to present the HIV/AIDS profile of my country on this platform. The first case of HIV/AIDS was registered in Mauritius in 1987. Since then, 312 cases have been officially reported, of which 69 are non-residents. Among the 243 residents, 68 have died.

By 1987, the Ministry of Health and Quality of Life was already implementing a national AIDS control and prevention programme, which included many strategies aimed at reducing the incidence of HIV infection. Much emphasis has been laid on educational activities, which, in fact, constitute the backbone of the HIV control programme. These activities aim at promoting safer sex behaviour among the population and among high-risk groups like sex workers.

As regards mother-to-child infection, a programme for the prevention of HIV transmission has been in place since 1998. All pregnant women attending antenatal clinics are counselled and are made to undergo blood tests subject to their consent. Besides, a protocol has been established for HIV-positive pregnant women to be provided with antiretroviral treatment during pregnancy and delivery.

The newborns also receive such treatment for six weeks after birth, and are given free formula-milk for a period of two years. We have found that this prevention protocol cuts down the risk of transmission from 25 per cent to less than 5 per cent.

With a view to having a more concerted and comprehensive approach in the fight against AIDS, key ministries, non-governmental organizations and civil society have come together to develop a multisectoral national strategic plan with the assistance of UNAIDS.

The low prevalence of HIV/AIDS cases registered in Mauritius can be attributed to prevention programmes and to other factors such as free education from primary to tertiary level, free and easy access to medical care, and poverty alleviation. We need to ensure that low prevalence does not create complacency in the population. In view of the alarming trend in HIV infection worldwide, Mauritius has the potential to become a high-risk country, the more so given changing lifestyles and the mobility of the population to and from other countries. More than 700,000 tourists visit Mauritius every year. We just cannot afford to neglect our HIV/AIDS programme because of its apparent success. The Government of Mauritius is further proposing to set up an inter-ministerial committee on HIV/AIDS, to be chaired by the Right Honourable the Prime Minister or the Deputy Prime Minister and Minister of Finance, for the implementation of the national strategic plan which has already been drafted according to our needs.

Political will and leadership are of utmost importance to the success of a prevention programme. Unless political, social and religious leaders are convinced of the need urgently and imperatively to address the issue, no programme will have the desired impact, however well-intentioned it may be. It is significant that in Mauritius we had a national action control and prevention programme, supported by all community leaders, even before any case of HIV/AIDS was reported in the country. That gave us a good start, and we have to continue and consolidate on that basis.

Despite the availability of life-prolonging drugs such as antiretroviral therapies, accessibility to those drugs is restricted because of their prohibitive cost. Here, I wish to make an earnest appeal to the pharmaceutical industry, especially to those firms engaged in the manufacture of antiretroviral drugs, to change their fly-by-night mentality and revise the prices of those life-prolonging drugs for the sake of humanity.

We are gathered here as members of one and the same community dedicated to alleviate the suffering of those whose lives have been debilitated by HIV/AIDS. Health being a fundamental human right, we should always remain strenuous defenders of patients' rights, which include the right to care and treatment.

The twenty-sixth special session of the General Assembly is sounding a clarion call to all nations to be on full alert on the HIV/AIDS pandemic. The declaration of commitment should be a sacred agreement among nations. There are rays of hope on the horizon. Consolidated preventive intervention programmes are showing good signs of success. In some of the African countries, the rate of HIV infection is being controlled and shows a promising tendency to decline further. But the battle is not yet won. There is a long way to go.

I wish on behalf of the Government of the Republic of Mauritius to commend to this Assembly the draft declaration of commitment.

The Acting President: I now give the floor to His Excellency the Honourable Viliami Tangi, Minister of Health of Tonga.

Mr. Tangi (Tonga): It is my honour and privilege to address this special session of the General Assembly convened to review all aspects of the problem of HIV/AIDS. The spread of the HIV/AIDS epidemic has exceeded all estimates; this special session reflects the international community's recognition that HIV/AIDS has become a global emergency. I therefore commend the efforts of the Secretary-General and his strong leadership in combating the pandemic. I also wish to acknowledge the important role played by the President of the General Assembly in preparing for this special session and the tireless efforts of the facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal.

The spread and effects of the HIV/AIDS pandemic do not respect regional or national boundaries and spare no community. Though the numbers of HIV/AIDS cases are relatively low in the Pacific region and in Tonga, this does not give rise to a sense of complacency. The incidence of HIV/AIDS cases is increasing. In our view, preventive and control measures are of utmost importance in combating the disease. It is in that context that a national strategic plan is being developed in response to HIV/AIDS in Tonga. Priority areas for action include increasing community awareness of the disease, of how it is transmitted and of methods of prevention. Access to affordable drugs is essential, as is strengthening existing health-care systems. Above all, financial resources must be mobilized for an effective response.

I believe that knowledge empowers, and that that kind of empowerment can effectively combat the spread of HIV/AIDS. In Tonga, that approach applies not just to HIV/AIDS but also to combating other infectious diseases. We must therefore educate those in leadership and teaching roles at all levels of our communities. Health workers in particular play a crucial role in this equation. All relevant information on HIV/AIDS must be readily available. We must target both adults and young people in our communities.

We must also recognize that certain groups within our communities have a higher risk of infection. This might be due to social circumstances, age, employment situation or lifestyle decision. Information and awareness activities must target those groups to increase their knowledge and their awareness of their own vulnerability, to reduce their risk behaviour and to promote healthy lifestyle choices.

It is of grave concern that HIV/AIDS prevalence is higher among women and young girls than among any other group. There is clearly a need to develop measures to increase the capacity of women and young girls to protect themselves from the risk of infection. This might be done through prevention education and the provision of reproductive health services.

Living with a potentially fatal condition produces great stress and strain, and those people have special problems and needs that must be addressed. Those needs not only include health care and treatment, but also extend to social and spiritual support. People living with HIV/AIDS have a right to confidentiality and must not be subjected to discrimination, whether it be in the family, the workplace or the community. To address these issues, we must raise community awareness of the special needs of people living with HIV/AIDS by strengthening, where possible, existing health care and support services and by ensuring that quality counselling is available to all those involved.

Basic national health and social infrastructures are essential for the effective delivery of preventive and care services. Our national health system is currently overstretched as it is. It is therefore vital that our national health system be improved and strengthened in order to cope with the demands of HIV/AIDS. This would include the existence of a safe blood supply system that provides protection to donors, recipients and health workers.

As we have seen during the past two decades, HIV/AIDS is not just a health problem. Its widespread social and economic impact is potentially devastating in a small community such as ours, of just over 100,000 people spread over some 170 islands. It is therefore essential to coordinate the activities of the many different relevant agencies in order to attain the best and most effective response possible.

At the national level, the establishment of a network mechanism within and between Government, churches, non-governmental organizations and the private sector is crucial. An ongoing commitment from all those groups to the HIV/AIDS response must be developed. We also recognize the important role of non-governmental organizations in planning, implementing and monitoring the HIV/AIDS response. At the regional level, organizations must be equipped to support and strengthen efforts undertaken at the national level. In that regard the continuing presence of UNAIDS in the Pacific region is crucial.

In closing, we commend the commitments and leadership efforts that have been made thus far. In particular, we welcome the establishment of a global fund to combat HIV/AIDS and thank those who have expressed support and made pledges to this fund. A Pacific island nation like Tonga cannot combat HIV/AIDS effectively with its limited resources. In this regard, we wish to thank the Australian Agency for International Development (AusAID) and UNAIDS for their efforts in response to HIV/AIDS in the Pacific region. We look forward to participating in the regional ministerial meeting on HIV/AIDS to be held in Melbourne in October this year, and we welcome further such opportunities in the future.

We see this special session as a window of opportunity for reinforcing existing efforts to find the right approach. We therefore hope that the declaration of commitment to be adopted at this special session will lay a solid foundation for a global consensus on meeting the challenges ahead.

The Acting President: I give the floor to His Excellency Mr. Valery Filonov, Deputy Minister for Health Care of Belarus.

Mr. Filonov (Belarus) (*spoke in Russian*): On behalf of the President and the Government of the Republic of Belarus, our delegation sincerely welcomes the convening of this special session of the General Assembly on HIV/AIDS.

Until 1996 the Republic of Belarus was a country with a low HIV infection rate, with 5 to 20 new cases registered annually. Just as everywhere else in the world, sexual contact was the most common means of HIV transmission. A critical change occurred in 1996, with the rapid spread of HIV infection among intravenous drug users.

As of 1 June of this year, 3,587 cases of HIV infection had been registered in Belarus, or 37 cases per 100,000 people. The most common mode of HIV transmission — in 78.42 per cent of all registered cases — is among intravenous drug users. Of great concern is the fact that the majority of infections — about 80 per cent — have been diagnosed among young people of reproductive age.

It is extremely worrisome also that recently HIV has been spreading from drug users to the population as a whole.

Furthermore, not only has the number of HIV-infected young women been rising, but there has also been a great increase in the number of children they bear.

The Government of our country considers these facts as militating for the strengthening of efforts of our State and civil society in the combat against this pandemic. In order to control the spread of HIV infection and to devise holistic measures to address this scourge, a State programme on HIV prevention was adopted. Its implementation is handled by the newly established Inter-Agency Council on HIV and Venereal Disease Prevention, under the leadership of the Deputy Prime Minister. The Council coordinates the activities of various ministries, institutions and community-based groups.

The activities of the relevant ministries and institutions are focused on preventive measures, primarily among young people, and information is given free of charge. A great deal of attention is given to the needs of people living with HIV/AIDS. Appropriate medical care is given them, and advanced methods of treatment are being used, including multi-component therapy, all funded from the national budget.

To reduce the risk of vertical transmission of HIV/AIDS, since 1997 we have been using a drug-based preventive treatment for both mother and child, as well as Caesarean deliveries and artificial lactation for infants. At the present time the State budget can cover all those in need, but, in future, should the number of people infected with HIV/AIDS grow rapidly, then there will be a serious need for active international cooperation.

With respect to the affordability of methods of HIV/AIDS treatment, our delegation deems extremely important the establishment of global and regional mechanisms for the provision of HIV-related drugs, which should complement appropriate domestic measures and strategies. As a way of reducing the price of HIV-related drugs, we believe it is critically important to develop, where possible, domestic pharmaceutical capacities. Indeed, Belarus has synthesized and successfully tested an antiretroviral drug called *Zamitsit*.

Of the number of measures designed to prevent the spread of HIV/AIDS in Belarus, many target people who engage in unsafe behaviours. Such measures are implemented both by government agencies and within the framework of international projects and non-governmental organizations, with financial assistance from international donors, which should continue.

Belarus's holistic approach to combating HIV/AIDS has allowed us to somewhat stabilize the HIV situation in our country and to reduce the number of young people aged 15 to 19 who are infected, from 24.4 per cent of the total number of infected people in 1996 to 9.6 per cent in 2000. We have also decreased the incidence of HIV/AIDS incidence among conscripts, from 6.7 cases per 1,000 people tested in 1996 to 0.4 cases last year.

However, measures to prevent the spread of HIV/AIDS are extremely costly. In view of the spread of the pandemic in the context of globalization, this makes it absolutely essential to enhance international cooperation in this area.

In this regard, at the global level we deem it extremely important to strengthen system-wide coordination within the United Nations in the area of combating HIV/AIDS, including through the provision of active support for the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and through multilateral and bilateral partners. We wish to stress in particular and to commend the high level of cooperation that has evolved between our Government and related United Nations agencies, including the country team in Minsk, in the area of combating HIV/AIDS.

We also deem it especially promising that the efforts of States in this area have been consolidated at the regional and subregional levels. This cooperation, in our opinion, could prove particularly effective for countries where similar factors are contributing to the spread of HIV/AIDS.

The Acting President: I give the floor to His Excellency Mr. David Bersh, Deputy Minister of Health of Colombia.

Mr. Bersh (Colombia) (*spoke in Spanish*): First of all, it is of the utmost importance to express gratitude to the United Nations for having devoted this special session to a public health issue that undoubtedly constitutes the most serious pandemic the human race has ever had to confront.

The number of HIV cases worldwide will soon be higher than the number of Second World War fatalities. In some countries more than half the people below the age of 15 will die as a result of this disease; that figure may reach two thirds if effective measures are not taken. Under these circumstances, it is hard to know what the future demographics of such populations will be. There still is no effective vaccine or cure for AIDS. Furthermore, there are considerable cultural difficulties involved in carrying out effective prevention.

For these reasons, I will repeat something that may seem alarmist but that is true: the human species has never faced a comparable epidemic. I can say this with the authority that comes from having been a member of the world Medical Research Council of the World Health Organization and having devoted my life to public health. This is why this United Nations decision to seriously confront the threat of AIDS is so important.

In Colombia, the number of AIDS cases has tripled in just two years. In terms of the number of reported cases, Colombia ranks fourth on the list of continental Latin American countries, although the incidence of AIDS is not known in a part of our country's population that is very vulnerable to this illness: people living in conflict areas. Aware of the great human, economic and social harm caused by AIDS, Colombia has adopted a firm political decision that will enable it to do everything necessary to address this problem.

This policy is clearly expressed in the national strategic plan against HIV/AIDS. The plan's general objectives are to consolidate intersectoral and institutional coordination in the country; strengthen activities in the fields of information, education and communication; promote social participation; mobilize the private sector; create programmes and projects for prevention and/or assistance for the most vulnerable populations; update, develop and disseminate the legal and regulatory framework for AIDS; strengthen the public health monitoring system; and carry out research, assessments and monitoring.

The policy is clear and genuine. The plan is developed through its programmes and activities, and we are prepared to make any adjustments recommended at this special session. But I must point out that what is lacking for its implementation in Colombia, as well as in other countries in similar conditions, is the required economic resources. These resources may come from international cooperation, but they can also come through better rationalizing of the costs involved in coping with AIDS.

For example, the high costs of the drugs presently being used, such as antiretroviral products, restrict considerably the prevention efforts that must be made. A simple and striking example of this is the fact that with what it costs in Colombia to treat a single AIDS case for one year, the social security health payments for 200 people for the same one-year period could be paid. As there are 22,000 recognized AIDS cases in Colombia, if the cost of antiretroviral drugs were reduced by half, then we would save enough on resources to be able to sign up 2 million poor people in the social security programme, or we could treat twice as many AIDS patients. Seen from this perspective, better rationalization of the cost of drugs used for AIDS would have a great impact on the health of millions of people.

The decisions that will be made in this Assembly will have a great impact not only on the well-being of all individuals, but, as I have said, on the very survival of the human species.

The Acting President: I give the floor to His Excellency Mr. Haik Darbinian, Deputy Minister for Health Care of Armenia.

Mr. Darbinian (Armenia) (*spoke in Russian*): It is a great honour for me to address this special session of the General Assembly on HIV/AIDS, speaking on behalf of the Government of Armenia. I hope that this historic meeting will make a qualitative difference to global cooperation under the auspices of the United Nations in curbing and fully eradicating this dire scourge that we inherited from the last century. It is extremely important to realize that meeting the challenges of the Millennium Summit depends directly, to a large extent, on the success of this session.

Acquired immunodeficiency syndrome (AIDS) is a serious threat to mankind as a whole; it is a threat to the social, economic and political well-being of millions of people. In this context, we think it is more than timely to recall what was said by the Secretary-General, Mr. Kofi Annan; it is a threat to an entire generation and to the whole of civilization. The fact that the crucial mission of combating this pandemic is under the direct control of the most authoritative international Organization attests to the global awareness of this threat to mankind. At the same time, it gives us hope that by pooling our efforts, under the auspices of the United Nations, mankind can conquer this terrible illness.

To date, Armenia has registered 153 cases of HIV infection. But an assessment of the situation shows that the true infection rate is really 10 to 15 times greater than the official statistics report. There are estimated to be actually between 1,500 and 2,200 HIV-infected persons in Armenia. Two ways of transmitting the disease predominate in Armenia: intravenous drug use and heterosexual contact. There are also a few cases of mother-to-child transmission and cases of transmission through homosexual and other contact.

The most promising way to counter this disease is through the establishment of intergovernmental mechanisms, the mobilization of governmental and non-governmental organizations, the mobilization of our financial resources, the widespread use of information and education programmes for various groups of the population and the widespread use of the media to promote a healthy lifestyle and responsible sexual behaviour. We also would like to say that such actions as the introduction of HIV/AIDS prevention programmes among vulnerable people, the introduction of sex education programmes, the introduction of systematic and effective epidemiological surveys and ensuring that donated blood is safe are all priorities in fighting the epidemic.

Preventive action is having some success, despite the obstacles encountered. We wish to point out the adoption of a law in my country called the HIV/AIDS prevention law. We also have very high-level professionals working in this area. An AIDS prevention centre is operating in Armenia, and it has great scientific and practical potential. I wish to note that despite the economic difficulties faced by countries in transition, my Government is allocating considerable resources to scientific research in this area. We hope that cooperation will be expanded and developed within the framework of the UNAIDS programme and the World Health Organization, as well as with other international structures.

Among the obstacles that we face on a daily basis, I would refer to the complexities of the present transitional period, primarily the lack of financial resources, which hampers full-scale prophylactic measures. My country's Ministry of Health has adopted a national strategic plan to combat the HIV/AIDS epidemic, whose aim is to mobilize the resources of public, private and international organizations, and to set up a powerful interdepartmental mechanism to combat the epidemic. This plan will be the basis for our national HIV/AIDS prevention programme in Armenia, which will be adopted in the near future.

In conclusion, I wish to express support for the draft declaration that has been introduced on commitment to combating HIV/AIDS. I am sure that this document will become a guide for the elaboration and adoption of national and regional strategies to combat this epidemic.

The Acting President: I give the floor to His Excellency Mr. Mohammad Abdulhasan, Chairman of the delegation of Kuwait.

Mr. Abdulhasan (Kuwait) (*spoke in Arabic*): I would like to say how much my country appreciates the efforts being made by the Secretary-General of the United Nations to confront the plague of HIV/AIDS. This morning, in his preliminary declaration at the opening of the special session of the General Assembly, he explained some of those efforts. I would like to recall some specific points. He wants to start an international fund to combat this terrible pandemic and we hope that this fund will indeed play a pioneering role in combating the spread of this disease and will serve to limit its devastating social and health consequences.

It is generally recognized that one of the greatest challenges in our world today is that of sustainable development, and we cannot achieve that goal until various intertwined factors are in place regarding the health of individuals and their society. This, of course, cannot happen in the absence of security and stability. It seems that wars are not the only scourge that threatens the safety and stability of man and society. Diseases threaten humankind, and they know no regional or geographical borders. The AIDS pandemic is one of the most devastating of such diseases. It appeared two decades ago and spread rapidly to all continents. All the States of the world have suffered and experienced how dangerous this pandemic is. It is for this reason that the United Nations organized this special session — to elicit a world commitment to coordinated, intensive and well-targeted national and international measures.

One of the essential principles in putting an end to AIDS is the provision of preventive and therapeutic tools to prolong life and to carry out research into treatment and prevention, and apply it to the populations of the world on an entirely egalitarian basis.

We believe that one of the essential elements of prevention is to abide by the principles of the heavenly religions that ban some practices referred to today. The widespread nature of these practices is one of the main causes of the pandemic. We Muslims find in our religion the example to be followed. By respecting the precepts of our religion we have considerably circumscribed the damage caused by this pandemic.

Kuwait attaches great importance to preventing and managing AIDS. Knowing that the number of persons afflicted by this disease is not more than 100 in Kuwait, we have nevertheless created a special commission comprising the Ministries of Health, Information, Education, Interior and Foreign Affairs. On this basis we have created a general treatment policy and adopted programmes and plans to protect our population. Out of this main committee legal, technical and informational subcommittees have been created. Among Kuwait's successes I would like to mention the creation of a special office to follow developments and identify new cases with the participation of public health doctors and the Ministries of Health and Education. We have awakened students at the intermediate level to the seriousness of this disease and ways to prevent it. We treat patients in a humane and non-discriminatory manner and explain how they can make sure not to transmit this disease to their families. They can contact their doctors whenever they wish. Kuwait believes that all countries, and in particular African countries, have to be assisted. We call upon pharmaceutical companies to provide the necessary assistance to African countries and support the decision adopted by the 26th Conference of Ministers of the non-aligned movement in Johannesburg.

Let us join our efforts to contend with this devastating disease. Let us hope that this special session will produce a practical commitment that will limit the expansion of this disease and eliminate it.

The Acting President: I give the floor to His Royal Highness Prince Zeid Ra'ad Zeid Al-Hussein, Chairman of the delegation of Jordan.

Prince Al-Hussein (Jordan) (*spoke in Arabic*): I have the honour of representing my country at this special session of the General Assembly. We consider the question of the spread of HIV infection and the role of Governments and humanitarian organizations in combating it to be of extraordinary importance.

There is no doubt that we are facing a pandemic without precedent. As you know, it has resulted in millions of cases of death and is steadily growing in a number of regions of the world. We are facing a catastrophe with devastating effects on many countries, a calamity destroying the hopes of millions of people and damaging development efforts and living conditions. It has also resulted in a resurgence of other diseases. As well, it is making it impossible for the health services to fight other serious diseases, such as tuberculosis. This was regarded as a disease of the past but it has now returned.

The death of parents leads to children becoming orphans, left without the protection and tenderness that they need. In Jordan, in addition to strict controls over blood transfusions, the strategy of combating AIDS includes the following steps: first, we provide information and public-awareness programmes, in particular for the most vulnerable. Secondly, we emphasize sterilization and the avoidance of transmission through intravenous instruments. Thirdly, medical, social and psychological care and free medication are provided to HIV-positive individuals. Fourthly, we offer educational programmes in conjunction with the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

Although in Jordan we have the lowest level of HIV infection in the world, we are fully aware that there are factors in our country that could cause an increase in infection if we do not adopt a strategy to fight this pandemic in accordance with international recommendations. This is why my Government has created a special centre to fight AIDS, a centre that provides counselling to those who are in need of it, in order to prevent the spread of AIDS and sexual diseases. We also provide free health care to AIDS patients, following the guidance of experts. This care allows us to ease the patients' suffering and to improve their standard of living.

The President returned to the Chair.

Respect for the principles of human rights as regards those infected with AIDS is very important. The Government and charitable organizations should work together in order to implement the most elementary principles — such as providing humane treatment and counselling to AIDS sufferers with confidentiality. Stressing the legislative and juridical aspects in combating AIDS leads to a reduction in participation in AIDS programmes and an increase of patients' isolation, and non-access to the programmes. The work of non-governmental organizations goes hand in hand with the work being done by the Government in order to ease the sufferings of the patients and provide them with information and means of protection.

In addressing the issue of AIDS from this lofty rostrum we justify our Governments' attention to the subject of AIDS and this allows us, Governments, voluntary organizations and the private sector to cooperate in order to develop therapies, such as microbicides, to make sure that the rights of these patients to live in dignity are respected, and to take all measures possible to reduce infection with this disease.

The President: We have heard the last speaker in the debate for this meeting.

I would like to inform members that immediately following the adjournment of this meeting the 3rd meeting of the twenty-sixth special session of the General Assembly will be called to order.

The meeting rose at 7.15 p.m.